# STATE OF ARIZONA
# DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

**RJ150001**

HARMEET SINGH
PRABHU LLC
CHEVRON
6067 W MILLAY ST
TUCSON AZ 85743

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103657         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HARMEET  SINGH                _________________
Location: CHEVRON                       _________________
          2475 E GRANT RD               _________________
          TUCSON, AZ 85719              _________________
Business Phone:     (520)319-0655       __________

Renewal 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

**RJ150002**

MICHAEL HARLAN JAHN
SOUTHERN WINE & SPIRITS OF AMERICA INC
SOUTHERN WINE & SPIRITS OF ARIZONA
2375 S 45TH AVE
PHOENIX AZ 85043

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  04103025         Renew? ______Yes_____No
Status:   Active           Status Date:     5/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL HARLAN JAHN           ___________________
Location: SOUTHERN WINE & SPIRITS OF ARIZONA___________________
          6000 S COUNTRY CLUB           ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (602)533-8000       __________

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

**RJ150003**

MARK ROBERT THOMSON
THOMSON NIHLA H ET AL
PLAZA LIQUORS
2642 N CAMPBELL
TUCSON AZ 85719

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100250         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK ROBERT THOMSON           ___________________
Location: PLAZA LIQUORS                 ___________________
          2642 N CAMPBELL               ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (520)327-0452       __________

Renewal 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

**RJ150004**

MUHAMMAD SHAFIQ RANA
FAS FUEL
8530 E SPEEDWAY
TUCSON AZ 85710

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103453         Renew? ______Yes_____No
Status:   Active           Status Date:     8/24/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: FAS FUEL                      _________________
          3601 N ORACLE RD              _________________
          TUCSON, AZ 85705              _________________
Business Phone:     (520)293-7575       __________

Renewal 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

**RJ150005**

KHOLOUD BASHIR HAMDI
PRINCE MARKET
5500 E PASEO CIMARRON
TUCSON AZ 85750

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103473         Renew? ______Yes_____No
Status:   Active           Status Date:     11/15/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: PRINCE MARKET                 _________________
          952 W PRINCE RD               _________________
          TUCSON, AZ 85705              _________________
Business Phone:     (520)887-3933       __________

Renewal 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

**RJ150006**

DA QIANG MEI
LOUIS MARKET LLC
LOUIS MARKET
4009 S 12TH AVE
TUCSON AZ 85714

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100016         Renew? ______Yes_____No
Status:   Active           Status Date:     6/15/1993
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DA QIANG MEI                  ___________________
Location: LOUIS MARKET                  ___________________
          4009 S 12TH AVE               ___________________
          TUCSON, AZ 85714              ___________________
Business Phone:     (520)294-7422       __________

Renewal 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

**RJ150007**

RANDY D NATIONS
BEVERAGES & MORE INC
BEVMO
P O BOX 2502
CHANDLER AZ 85244

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100203         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BEVMO                         ___________________
          4646 N ORACLE RD STE 130      ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)887-3221       __________

Renewal 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#  09109001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BEVMO!                        ___________________
          6228 E BROADWAY BLVD #100     ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)514-0695       __________

Renewal 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

**RJ150008**

MICHAEL GEORGE WYSTRACH
MJ I-10 LLC
WILMOT SHELL
PO BOX 99
SONOITA AZ 85637

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103429         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL GEORGE WYSTRACH       ___________________
Location: WILMOT SHELL                  ___________________
          7710 S WILMOT RD              ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)574-8960       __________

Renewal 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

**RJ150009**

BRIAN SCOTT TAYLOR
BPOE #2663
BPOE #2663
P O BOX 36024
TUCSON AZ 85740

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14101005         Renew? ______Yes_____No
Status:   Active           Status Date:     1/12/1990
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRIAN SCOTT TAYLOR            ___________________
Location: BPOE #2663                    ___________________
          4684 N HIGHWAY DR             ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)292-1780       __________

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

**RJ150010**

BALDEMAR P GUERRA
AMERICAN LEGION #68
AMERICAN LEGION #68
4724 S 12TH AVE
TUCSON AZ 85714

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14100018         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BALDEMAR P GUERRA             _________________
Location: AMERICAN LEGION #68           _________________
          4724 S 12TH AVE               _________________
          TUCSON, AZ 85714              _________________
Business Phone:     (520)889-0052       __________

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

**RJ150011**

FORREST LOGAN METZ
MOUNTAIN OYSTER CLUB INC
MOUNTAIN OYSTER CLUB
6400 E EL DORADO CIR #100
TUCSON AZ 85715

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14103010         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FORREST LOGAN METZ            ___________________
Location: MOUNTAIN OYSTER CLUB          ___________________
          6400 E EL DORADO CIR #100     ___________________
          TUCSON, AZ 85715              ___________________
Business Phone:     (520)882-0711       __________

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

**RJ150012**

JASON BARCLAY MORRIS
ARIZONA CVS STORES LLC
CVS/PHARMACY #9374
2525 E ARIZONA BILTMORE CIR #A-212
PHOENIX AZ 85016

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

---

License# 09100001 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 #9374 _____
1900 W VALENCIA RD _____
TUCSON, AZ 85746 _____
Business Phone: (520)807-2288 _____

Renewal 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# 09100003 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 #9272 _____
7499 E BROADWAY BLVD _____
TUCSON, AZ 85710 _____
Business Phone: (520)296-6222 _____

Renewal 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# 09100004 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 #9273 _____
3785 W INA RD _____
TUCSON, AZ 85741 _____
Business Phone: (520)744-1054 _____

Renewal 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# 09100009 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 #9302 _____
8920 E TANQUE VERDE _____
TUCSON, AZ 85749 _____
Business Phone: (520)760-9188 _____

Renewal 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# 09100011 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 #9232 _____
4748 E SUNRISE _____
TUCSON, AZ 85718 _____
Business Phone: (520)299-9195 _____

Renewal 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# 09100014 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 #9254 _____
240 W CONTINENTAL RD _____
GREEN VALLEY, AZ 85614 _____
Business Phone: (520)625-1319 _____

Renewal 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# 09100034 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 #9274 _____
615 N ALVERNON WAY _____
TUCSON, AZ 85711 _____
Business Phone: (520)320-1184 _____

Renewal 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# 09100080 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 # 9336 _____
7901 E GOLF LINKS RD _____
TUCSON, AZ 85730 _____
Business Phone: (520)731-3098 _____

Renewal 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#  09100196         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 # 9211           ___________________
          6484 N ORACLE RD              ___________________
          TUCSON, AZ 85704              ___________________
Business Phone:     (520)297-8397       __________

Renewal 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#  09100197         Renew? ______Yes_____No
Status:   Active           Status Date:     12/21/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASON BARCLAY MORRIS          ___________________
Location: CVS/PHARMACY #9207            ___________________
          865 E GRANT RD                ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (928)622-4853       __________

Renewal 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#  09100234         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 #9277            ___________________
          6895 E SUNRISE DR             ___________________
          TUCSON, AZ 85750              ___________________
Business Phone:     (520)615-4800       __________

Renewal 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

**RJ150013**

MARK J STRAHLER
MARK AND LARRY'S AUTO SERVICE INC
MARK & LARRY'S TEXACO
5460 E 5TH ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10101090         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK J STRAHLER               ___________________
Location: MARK & LARRY'S TEXACO         ___________________
          5460 E 5TH ST                 ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)745-0192       __________

Renewal 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

**RJ150014**

DENNIS A SHIELDS
FINLEY DISTRIBUTING CO., LLC
FINLEY DISTRIBUTING CO
2104 S EUCLID AVE
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  04103020         Renew? ______Yes_____No
Status:   Active           Status Date:     11/24/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENNIS A SHIELDS              _________________
Location: FINLEY DISTRIBUTING CO        _________________
          2104 S EUCLID AVE             _________________
          TUCSON, AZ 85713              _________________
Business Phone:     (520)623-8800       __________

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

**RJ150015**

MICHAEL KUD KUDIJAROFF
TUCSON METROPOLITAN FOP INC
TUCSON METROPOLITAN FOP INC
P O BOX 17629
TUCSON AZ 85731

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100052         Renew? ______Yes_____No
Status:   Active           Status Date:     11/29/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL  KUD KUDIJAROFF       ___________________
Location: TUCSON METROPOLITAN FOP INC   ___________________
          3445 N DODGE BLVD             ___________________
          TUCSON, AZ 85716              ___________________
Business Phone:     (520)795-2101       __________

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

**RJ150016**

KEVIN ARNOLD KRAMBER
COUNTRY CLUB OF GREEN VALLEY
COUNTRY CLUB OF GREEN VALLEY
536 E WAGON BLUFF DR
TUCSON AZ 85704

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14103023         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN ARNOLD KRAMBER          ___________________
Location: COUNTRY CLUB OF GREEN VALLEY  ___________________
          77 E PASEO DE GOLF            ___________________
          GREEN VALLEY, AZ 85614        ___________________
Business Phone:     (520)625-8806       __________

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

**RJ150017**

FADHL NAGI OBEID ALDHALI
PIMA LIQUORS INC
PIMA LIQUORS
2858 W DREXAL RD
TUCSON AZ 85746

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100101         Renew? ______Yes_____No
Status:   Active           Status Date:     7/11/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FADHL NAGI OBEID ALDHALI      ___________________
Location: PIMA LIQUORS                  ___________________
          2858 W DREXEL RD              ___________________
          TUCSON, AZ 85746              ___________________
Business Phone:     (520)578-6418       __________

Renewal 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

**RJ150018**

DELORIS MAE LALONE
J S & J SERVICE INC
CHEVRON
P O BOX 1419
FONTANA CA 92334

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103679         Renew? ______Yes_____No
Status:   Active           Status Date:     1/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DELORIS MAE LALONE            ___________________
Location: CHEVRON                       ___________________
          6261 E BENSON HWY             ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)664-0961       __________

Renewal 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

**RJ150019**

VINH FU
JOHNNY'S COMPLETE FOODS LLC
JOHNNY'S COMPLETE FOODS
1401 N HUALAPI RD
TUCSON AZ 85745

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10100245         Renew? ______Yes_____No
Status:   Active           Status Date:     11/14/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VINH  FU                      _________________
Location: JOHNNY'S COMPLETE FOODS       _________________
          1401 N HUALAPI RD             _________________
          TUCSON, AZ 85745              _________________
Business Phone:     (520)624-6971       __________

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

**RJ150020**

RUSSELL GENE SCARAMELLA
CRAYCROFT 1909 LLC
VALERO #1609
8924 E PINNACLE PEAK RD ST G-5-554
SCOTTSDALE AZ 85288

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103785         Renew? ______Yes_____No
Status:   Active           Status Date:     7/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RUSSELL GENE SCARAMELLA       ___________________
Location: VALERO #1609                  ___________________
          1909 S CRAYCROFT RD           ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)519-8189       __________

Renewal 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

**RJ150021**

STEVEN LEE NANNINI
VIGNETO NANNINI LLC
FOOTHILLS RETAIL PLAZA
2120 W INA RD #200
TUCSON AZ 85741

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  13103009         Renew? ______Yes_____No
Status:   Active           Status Date:     6/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN LEE NANNINI            ___________________
Location: FOOTHILLS RETAIL PLAZA        ___________________
          2120 W INA RD                 ___________________
          TUCSON, AZ 85741              ___________________
Business Phone:     (520)297-1178       __________

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

**RJ150022**

KARISSA GAIL NAVA
AMADO MINI MARKET
28760 S NOGALES HWY
AMADO AZ 85645

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103342         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: AMADO MINI MARKET             _________________
          HWY 89                        _________________
          AMADO, AZ 85645               _________________
Business Phone:     (520)398-2800       __________

Renewal 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

**RJ150023**

H J LEWKOWITZ
COST PLUS INC
COST PLUS WORLD MARKET
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

---

License# 10103244 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 _____
5975 E BROADWAY STE 1 _____
TUCSON, AZ 85711 _____
Business Phone: (520)571-1460 _____

Renewal 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# 10103537 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 _____
11975 N ORACLE RD _____
ORO VALLEY, AZ 85737 _____
Business Phone: (520)219-8054 _____

Renewal 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# 10103651 Renew? _____Yes_____No
Status: Active Status Date: 11/8/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: COST PLUS WORLD MARKET _____
4380 N ORACLE ROAD #100 _____
TUCSON, AZ 85705 _____
Business Phone: (520)322-8196 _____

Renewal 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

**RJ150024**

RODNEY SCOTT HERBERT
B GROUP LLC
SHELL FOOD MART
2100 N KOLB RD
TUCSON AZ 85719

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103461         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/2/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RODNEY SCOTT HERBERT          ___________________
Location: SHELL FOOD MART               ___________________
          2402 N 1ST AVE                ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (520)628-1423       __________

Renewal 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

**RJ150025**

THOMAS ROBERT AGUILERA
CASA VIDEO INC
CASA VIDEO
4554 E CAMP LOWELL DR
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103721         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT AGUILERA        ___________________
Location: CASA VIDEO                    ___________________
          2905 E SPEEDWAY BLVD          ___________________
          TUCSON, AZ 85716              ___________________
Business Phone:     (520)326-6314       __________

Renewal 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

**RJ150026**

MICHAEL JOSEPH BASHA
BASHAS INC
FOOD CITY #139
P O BOX 488
CHANDLER AZ 85244

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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|---|---|
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| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

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

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

**DO NOT DETACH**

---

License# 09100021 Renew? _____Yes_____No
Status: Active Status Date: 6/11/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #139 _____
1740 W AJO WAY _____
TUCSON, AZ 85713 _____
Business Phone: (520)573-7060 _____

Renewal 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# 09100025 Renew? _____Yes_____No
Status: Inactive Status Date: 5/16/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #151 _____
719 E FORT LOWELL _____
TUCSON, AZ 85719 _____
Business Phone: (520)293-3256 _____

Renewal 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# 09100028 Renew? _____Yes_____No
Status: Active Status Date: 7/24/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS' #71 _____
6900 E SUNRISE DR _____
TUCSON, AZ 85750 _____
Business Phone: (520)299-0633 _____

Renewal 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# 09100030 Renew? _____Yes_____No
Status: Active Status Date: 5/22/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS' #79 _____
8360 N THORNYDALE RD _____
TUCSON, AZ 85741 _____
Business Phone: (520)744-4488 _____

Renewal 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# 09100032 Renew? _____Yes_____No
Status: Active Status Date: 6/5/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #156 _____
1221 W IRVINGTON RD _____
TUCSON, AZ 85714 _____
Business Phone: (520)434-2798 _____

Renewal 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# 09100035 Renew? _____Yes_____No
Status: Active Status Date: 2/21/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #171 _____
2000 E IRVINGTON _____
TUCSON, AZ 85706 _____
Business Phone: (520)434-2455 _____

Renewal 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# 09100088 Renew? _____Yes_____No
Status: Active Status Date: 7/15/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS #160 _____
2000 W RIVER RD _____
TUCSON, AZ 85704 _____
Business Phone: (520)690-3680 _____

Renewal 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# 09100131 Renew? _____Yes_____No
Status: Active Status Date: 10/29/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS' #100 _____
3275 N SWAN RD _____
TUCSON, AZ 85712 _____
Business Phone: (520)323-5820 _____

Renewal 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# 09100144 Renew? _____Yes_____No
Status: Active Status Date: 1/17/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS #52 _____
15310 N ORACLE RD _____
TUCSON, AZ 85739 _____
Business Phone: (520)575-7300 _____

Renewal 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# 09100215 Renew? _____Yes_____No
Status: Active Status Date: 7/21/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #77 _____
2950 S 6TH AVE _____
SOUTH TUCSON, AZ 85713 _____
Business Phone: (520)879-7760 _____

Renewal 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# 09100225 Renew? _____Yes_____No
Status: Active Status Date: 2/19/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #133 _____
3030 E 22ND ST _____
TUCSON, AZ 85713 _____
Business Phone: (520)323-2591 _____

Renewal 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# 09100231 Renew? _____Yes_____No
Status: Active Status Date: 11/3/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #69 _____
3923 N FLOWING WELLS RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)887-1343 _____

Renewal 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#  09100233         Renew? ______Yes_____No
Status:   Active           Status Date:     5/12/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOSEPH BASHA          ___________________
Location: FOOD CITY #136                ___________________
          1225 W ST MARYS RD            ___________________
          TUCSON, AZ 85745              ___________________
Business Phone:     (520)792-3494       __________

Renewal 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#  09100242         Renew? ______Yes_____No
Status:   Active           Status Date:     12/6/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOSEPH BASHA          ___________________
Location: FOOD CITY #165                ___________________
          428 W VALENCIA                ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)807-0413       __________

Renewal 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#  09109002         Renew? ______Yes_____No
Status:   Active           Status Date:     12/27/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOSEPH BASHA          ___________________
Location: AJ'S #122                     ___________________
          2805 E SKYLINE DR             ___________________
          TUCSON, AZ 85718              ___________________
Business Phone:     (520)232-6340       __________

Renewal 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

**RJ150027**

ALPNA AJIT PATEL
MDHDDS LLC
SANDARIO DISCOUNT MARKET
13865 N SANDARIO RD
MARANA AZ 85653

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100273         Renew? ______Yes_____No
Status:   Active           Status Date:     4/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALPNA AJIT PATEL              ___________________
Location: SANDARIO DISCOUNT MARKET      ___________________
          13865 N SANDARIO RD           ___________________
          MARANA, AZ 85653              ___________________
Business Phone:     (520)682-3604       __________

Renewal 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

**RJ150028**

GEORGE J LOPEZ
AMERICAN LEGION #59
AMERICAN LEGION #59
750 N GRANDE AVE
TUCSON AZ 85745

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14101007         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE J LOPEZ                _________________
Location: AMERICAN LEGION #59           _________________
          750 N GRANDE AVE              _________________
          TUCSON, AZ 85745              _________________
Business Phone:     (520)622-9513       __________

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

**RJ150029**

JANICE G WELKER
A-MART LLC
FOOD MART
PO BOX 38
AJO AZ 85321

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103180         Renew? ______Yes_____No
Status:   Active           Status Date:     11/22/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JANICE G WELKER               _________________
Location: FOOD MART                     _________________
          2001 N AJO GILA BEND HWY      _________________
          AJO, AZ 85321                 _________________
Business Phone:     (520)387-5591       __________

Renewal 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

**RJ150030**

BESSIE JOSIE LIETZAU
WINE DEPOT LLC
WINE DEPOT
4040 N SWAN RD
TUCSON AZ 85718

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103515         Renew? ______Yes_____No
Status:   Active           Status Date:     11/18/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BESSIE JOSIE LIETZAU          _________________
Location: WINE DEPOT                    _________________
          3844 E GRANT RD               _________________
          TUCSON, AZ 85716              _________________
Business Phone:     (520)327-3794       __________

Renewal 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

**RJ150031**

CHUNG MING LEE
LEE'S INVESTMENTS LLC
HENRY'S MARKET
3051 E 36TH ST
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100183         Renew? ______Yes_____No
Status:   Active           Status Date:     6/2/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHUNG MING LEE                _________________
Location: HENRY'S MARKET                _________________
          3051 E 36TH ST                _________________
          TUCSON, AZ 85713              _________________
Business Phone:     (520)622-9854       __________

Renewal 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

**RJ150032**

LARRY WAYNE PHILLIPS
MOOSE LODGE #1964 INC
MOOSE LODGE #1964
P O BOX 11834
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14103009         Renew? ______Yes_____No
Status:   Active           Status Date:     11/20/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LARRY WAYNE PHILLIPS          _________________
Location: MOOSE LODGE #1964             _________________
          10600 S NOGALES HWY           _________________
          TUCSON, AZ 85706              _________________
Business Phone:     (520)889-2435       __________

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

**RJ150033**

ANDREA DAHLMAN LEWKOWITZ
WALGREEN ARIZONA DRUG CO
WALGREENS #15030
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

---

License# 09100007 Renew? _____Yes_____No
Status: Active Status Date: 10/1/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #15030 _____
730 E GRANT RD _____
TUCSON, AZ 85719 _____
Business Phone: (520)323-7667 _____

Renewal 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# 09100075 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #3007 _____
9470 E GOLF LINKS RD STE #106 _____
TUCSON, AZ 85730 _____
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# 09100086 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #4102 _____
6767 E BROADWAY BLVD _____
TUCSON, AZ 85710 _____
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# 09100090 Renew? _____Yes_____No
Status: Active Status Date: 10/14/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #9952 _____
12050 N DOVE MOUNTAIN BLVD _____
MARANA, AZ 85653 _____
Business Phone: (623)215-0407 _____

Renewal 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# 09100091 Renew? _____Yes_____No
Status: Active Status Date: 10/3/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #11183 _____
3200 E SPEEDWAY BLVD _____
TUCSON, AZ 85716 _____
Business Phone: (520)327-3445 _____

Renewal 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# 09100094 Renew? _____Yes_____No
Status: Active Status Date: 10/9/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #6411 _____
11951 N 1ST AVE _____
ORO VALLEY, AZ 85737 _____
Business Phone: (520)531-8964 _____

Renewal 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# 09100095 Renew? _____Yes_____No
Status: Active Status Date: 5/19/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #10684 _____
13542 E COLOSSAL CAVE RD _____
VAIL, AZ 85641 _____
Business Phone: (520)232-3763 _____

Renewal 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# 09100097 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS _____
375 W CONTINENTAL RD _____
GREEN VALLEY, AZ 85614 _____
Business Phone: (520)648-2320 _____

Renewal 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# 09100100 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #2232 _____
313 W ESPERANZA BLVD _____
GREEN VALLEY, AZ 85614 _____
Business Phone: (520)625-9187 _____

Renewal 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# 09100126 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #1899 _____
9495 E SPEEDWAY BLVD _____
TUCSON, AZ 85710 _____
Business Phone: (520)290-4143 _____

Renewal 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# 09100148 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #3097 _____
7115 E TANQUE VERDE RD _____
TUCSON, AZ 85715 _____
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# 09100155 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #3630 _____
9220 N THORNYDALE RD _____
TUCSON, AZ 85742 _____
Business Phone: (602)331-1349 _____

Renewal 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# 09100157 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #3447 _____
12965 N ORACLE RD _____
ORO VALLEY, AZ 85739 _____
Business Phone: (602)331-1349 _____

Renewal 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# 09100173 Renew? _____Yes_____No
Status: Active Status Date: 9/6/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #15502 _____
8980 E TANQUE VERDE RD _____
TUCSON, AZ 85749 _____
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# 09100179 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #3837 _____
1550 W VALENCIA _____
TUCSON, AZ 85746 _____
Business Phone: (602)331-1349 _____

Renewal 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# 09100237 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #3463 _____
1415 W RIVER RD _____
TUCSON, AZ 85704 _____
Business Phone: (520)331-1349 _____

Renewal 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# 10103551 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 #02372 _____
7114 N ORACLE RD _____
TUCSON, AZ 85704 _____
Business Phone: (520)297-2826 _____

Renewal 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# 10103552 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 #02910 _____
8730 E BROADWAY BLVD _____
TUCSON, AZ 85710 _____
Business Phone: (520)290-0667 _____

Renewal 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# 10103553 Renew? _____Yes_____No
Status: Active Status Date: 3/1/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #03249 _____
4910 N 1ST AVE _____
TUCSON, AZ 85718 _____
Business Phone: (520)293-3173 _____

Renewal 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# 10103554 Renew? _____Yes_____No
Status: Active Status Date: 5/12/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #04045 _____
4685 E GRANT RD _____
TUCSON, AZ 85712 _____
Business Phone: (520)326-4341 _____

Renewal 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# 10103556 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 # 04103  _____
10405 N LA CANADA DR  _____
ORO VALLEY, AZ 85737  _____
Business Phone:  (520)297-5934  _____

Renewal 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#  10103557  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 #05532  _____
2929 W VALENCIA RD  _____
TUCSON, AZ 85746  _____
Business Phone:  (520)578-0138  _____

Renewal 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#  10103559  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 #05750  _____
10315 E BROADWAY BLVD  _____
TUCSON, AZ 85748  _____
Business Phone:  (520)886-2108  _____

Renewal 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#  10103561  Renew? _____Yes_____No
Status:  Active  Status Date:  3/11/2010
License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  ANDREA DAHLMAN LEWKOWITZ  _____
Location: WALGREENS #06491  _____
1351 W PRINCE RD  _____
TUCSON, AZ 85705  _____
Business Phone:  (520)887-7154  _____

Renewal 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#  10103562  Renew? _____Yes_____No
Status:  Active  Status Date:  8/24/2010
License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  ANDREA DAHLMAN LEWKOWITZ  _____

Location: WALGREENS #05209 _____
3180 N CAMPBELL AVE _____
TUCSON, AZ 85719 _____
Business Phone: (520)326-5868 _____

Renewal 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# 10103563 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 #06571 _____
2180 W GRANT RD _____
TUCSON, AZ 85745 _____
Business Phone: (520)620-1088 _____

Renewal 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# 10103565 Renew? _____Yes_____No
Status: Active Status Date: 5/12/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #04266 _____
2150 W ORANGE GROVE RD _____
TUCSON, AZ 85741 _____
Business Phone: (520)544-9480 _____

Renewal 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# 10103566 Renew? _____Yes_____No
Status: Active Status Date: 3/11/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #09186 _____
18600 S NOGALES HWY _____
GREEN VALLEY, AZ 85614 _____
Business Phone: (520)204-1092 _____

Renewal 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# 10103569 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 #07041 _____
9184 E VALENCIA RD _____

TUCSON, AZ 85747 _____
Business Phone: (520)574-8328 _____

Renewal 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# 10103570 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 #06244 _____
4700 E BROADWAY _____
TUCSON, AZ 85711 _____
Business Phone: (520)327-7239 _____

Renewal 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# 10103571 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 #03856 _____
5480 E 22ND ST _____
TUCSON, AZ 85711 _____
Business Phone: (520)747-7151 _____

Renewal 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# 10103572 Renew? _____Yes_____No
Status: Active Status Date: 8/24/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #02451 _____
4220 N ORACLE RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)887-6975 _____

Renewal 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# 10103573 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 #05892 _____
3910 E 22ND ST _____
TUCSON, AZ 85711 _____
Business Phone: (520)745-2277 _____

Renewal 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# 10103574 Renew? _____Yes_____No
Status: Active Status Date: 8/24/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #04764 _____
5455 E SPEEDWAY BLVD _____
TUCSON, AZ 85712 _____
Business Phone: (520)323-7620 _____

Renewal 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# 10103576 Renew? _____Yes_____No
Status: Active Status Date: 5/12/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREEN'S #07104 _____
1145 S HARRISON RD _____
TUCSON, AZ 85748 _____
Business Phone: (520)296-8427 _____

Renewal 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# 10103577 Renew? _____Yes_____No
Status: Active Status Date: 3/11/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #10879 _____
7111 E GOLF LINKS RD _____
TUCSON, AZ 85730 _____
Business Phone: (520)790-7734 _____

Renewal 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# 10103578 Renew? _____Yes_____No
Status: Active Status Date: 8/24/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #06766 _____
1880 E IRVINGTON RD _____
TUCSON, AZ 85714 _____
Business Phone: (520)294-1975 _____

Renewal 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# 10103581 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 #07209 _____
3800 W INA RD _____
MARANA, AZ 85741 _____
Business Phone: (520)744-4708 _____

Renewal 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# 10103582 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 #05156 _____
7800 N CORTARO RD _____
MARANA, AZ 85743 _____
Business Phone: (520)572-8699 _____

Renewal 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# 10103587 Renew? _____Yes_____No
Status: Active Status Date: 7/6/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #06645 _____
5525 E RIVER RD _____
TUCSON, AZ 85750 _____
Business Phone: (520)299-7794 _____

Renewal 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# 10103607 Renew? _____Yes_____No
Status: Active Status Date: 5/19/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #6245 _____
7877 E SNYDER RD _____
TUCSON, AZ 85750 _____
Business Phone: (520)232-9351 _____

Renewal 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#  10103681         Renew? ______Yes_____No
Status:   Active           Status Date:     1/15/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: WALGREENS # 13822             ___________________
          550 N SILVERBELL RD           ___________________
          TUCSON, AZ 85745              ___________________
Business Phone:     (520)622-2393       __________

Renewal 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#  10103690         Renew? ______Yes_____No
Status:   Active           Status Date:     3/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: WALGREENS #15363              ___________________
          4655 E SUNRISE DR             ___________________
          TUCSON, AZ 85718              ___________________
Business Phone:     (520)917-0556       __________

Renewal 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#  10103701         Renew? ______Yes_____No
Status:   Active           Status Date:     10/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: WALGREENS #09953              ___________________
          7885 E SPEEDWAY BLVD          ___________________
          TUCSON, AZ 85710              ___________________
Business Phone:     (520)204-1006       __________

Renewal 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

**RJ150034**

JEFFERY ALAN BICK
KMART CORPORATION
KMART #4996
3333 BEVERLY RD B2-113A
HOFFMAN ESTATES IL 60179

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100127         Renew? ______Yes_____No
Status:   Active           Status Date:     12/10/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFERY ALAN BICK             ___________________
Location: KMART #4996                   ___________________
          7055 E BROADWAY               ___________________
          TUCSON, AZ 85710              ___________________
Business Phone:     (520)546-6565       __________

Renewal 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

**RJ150035**

HOWARD GENE MARTIN
AMERICAN LEGION #36
AMERICAN LEGION #36
5845 E 22ND ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100009         Renew? ______Yes_____No
Status:   Active           Status Date:     11/16/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HOWARD GENE MARTIN            _________________
Location: AMERICAN LEGION #36           _________________
          5845 E 22ND ST                _________________
          TUCSON, AZ 85711              _________________
Business Phone:     (520)747-2700       __________

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

**RJ150036**

AMY BETH KELLY
BOB'S SPECIALTY LLC
WILDCAT LIQUOR & MARKET
3996 N 1ST AVE
TUCSON AZ 85719

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100269         Renew? ______Yes_____No
Status:   Active           Status Date:     1/30/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY BETH KELLY                _________________
Location: WILDCAT LIQUOR & MARKET       _________________
          3996 N 1ST AVE                _________________
          TUCSON, AZ 85719              _________________
Business Phone:     (520)888-3901       __________

Renewal 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

**RJ150037**

KATHLEEN M SEREK
DESERT HILLS GOLF CLUB OF GREEN VALLEY
DESERT HILLS GOLF CLUB OF GREEN VALLEY
2500 CIRCULO DE LAS LOMAS
GREEN VALLEY AZ 85622

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14100012         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KATHLEEN M SEREK              ___________________
Location: DESERT HILLS GOLF CLUB OF GREEN VALLEY___________________
          2500 CIRCULO DE LAS LOMAS     ___________________
          GREEN VALLEY, AZ 85622        ___________________
Business Phone:     (520)648-5090       __________

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

**RJ150038**

ELIZABETH DENISE FRANCISCO
TOHONO O'ODHAM GAMING ENTERPRISE
DESERT DIAMOND CASINO
P O BOX 22230
TUCSON AZ 85734

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103648         Renew? ______Yes_____No
Status:   Active           Status Date:     12/13/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELIZABETH DENISE FRANCISCO    __________________
Location: DESERT DIAMOND CASINO         __________________
          MILE POST 55 HIGHWAY 86       __________________
          WHY, AZ 85321                 __________________
Business Phone:     (520)547-4306       __________

Renewal 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

**RJ150039**

DEAN CRAIG AGARDI
TUCSON POST #549 VETERANS OF FOREIGN WARS OF THE UNIT
VFW POST 549
8424 E OLD SPANISH TRL
TUCSON AZ 85710

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14103024         Renew? ______Yes_____No
Status:   Active           Status Date:     12/30/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEAN CRAIG AGARDI             _________________
Location: VFW POST 549                  _________________
          8424 E OLD SPANISH TR         _________________
          TUCSON, AZ 85710              _________________
Business Phone:     (520)790-4626       __________

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

**RJ150040**

LOUIS VERN BRAND
BPOE #1576
BPOE #1576
P O BOX 151
AJO AZ 85321

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100003         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LOUIS VERN BRAND              ___________________
Location: BPOE #1576                    ___________________
          350 YERMO ST                  ___________________
          AJO, AZ 85321                 ___________________
Business Phone:     (520)387-7891       __________

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

**RJ150041**

SAMUEL A STEPHENSON
SABBAR SHRINE TEMPLE
SABBAR SHRINE TEMPLE
8401 S KOLB RD #240
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100006         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAMUEL A STEPHENSON           _________________
Location: SABBAR SHRINE TEMPLE          _________________
          450 S TUCSON BLVD             _________________
          TUCSON, AZ 85716              _________________
Business Phone:     (520)624-2509       __________

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

**RJ150042**

JOHN LAMBERT PONZO
BPOE #2592
BPOE #2592
2951 S CAMINO MERCADO
GREEN VALLEY AZ 85622

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100043         Renew? ______Yes_____No
Status:   Active           Status Date:     10/19/1993
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN LAMBERT PONZO            ___________________
Location: BPOE #2592                    ___________________
          2951 S CAMINO MERCADO         ___________________
          GREEN VALLEY, AZ 85614        ___________________
Business Phone:     (520)625-2592       __________

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

**RJ150043**

PETER L GARCIA
PETER L GARCIA ENTERPRISES INC
MENLO PARK LIQUORS
1000 W CONGRESS
TUCSON AZ 85745

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100108         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER L GARCIA                _________________
Location: MENLO PARK LIQUORS            _________________
          1000 W CONGRESS               _________________
          TUCSON, AZ 85745              _________________
Business Phone:     (520)622-5082       __________

Renewal 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

**RJ150044**

RANDY D NATIONS
SHERWOOD FOREST LICENSING CORP
VOYAGER MARKET
P O BOX 2502
CHANDLER AZ 85224

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

---

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103503         Renew? ______Yes_____No
Status:   Active           Status Date:     6/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: VOYAGER MARKET                ___________________
          8701 S KOLB RD                ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)574-5000       __________

Renewal 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

**RJ150045**

HIAM IBRAHIM INNABI
SUNSHINE REEM INC
SUPER H
4894 N LOUIS RIVER WY
TUCSON AZ 85718

**LICENSES EXPIRE ON OCTOBER 31, 2015**

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100176         Renew? ______Yes_____No
Status:   Active           Status Date:     5/1/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HIAM IBRAHIM INNABI           ___________________
Location: SUPER H                       ___________________
          2710 W RUTHRAUFF RD           ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)888-0653       __________

Renewal 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

**RJ150046**

HENRY HENG SENG
SAMROSE MARKET LLC
SAMROSE MARKET
5710 S CAMINO VERDE
TUCSON AZ 85746

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103200         Renew? ______Yes_____No
Status:   Active           Status Date:     2/8/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HENRY HENG SENG               ___________________
Location: SAMROSE MARKET                ___________________
          5710 S CAMINO VERDE           ___________________
          TUCSON, AZ 85746              ___________________
Business Phone:     (520)578-3577       __________

Renewal 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

**RJ150047**

HARPREET KAUR SINGH
KHURANA MANAGEMENT INC
ARCO AM PM
2790 W RUTHRAUFF RD
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 10103447 Renew? _____Yes_____No
Status: Active Status Date: 8/4/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HARPREET KAUR SINGH _____
Location: ARCO AM PM _____
2891 W VALENCIA RD _____
TUCSON, AZ 85746 _____
Business Phone: (480)205-0022 _____

Renewal 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# 10103448 Renew? _____Yes_____No
Status: Active Status Date: 8/4/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HARPREET KAUR SINGH _____
Location: ARCO AM PM _____
2800 N ORACLE RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)884-5287 _____

Renewal 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# 10103449 Renew? _____Yes_____No
Status: Active Status Date: 8/4/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HARPREET KAUR SINGH _____
Location: ARCO AM PM _____
2790 RUTHRAUFF RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)293-0316 _____

Renewal 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# 10103471 Renew? _____Yes_____No
Status: Active Status Date: 3/23/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HARPREET KAUR SINGH _____
Location: ARCO AM/PM _____
3825 W ORANGE GROVE RD _____
TUCSON, AZ 85741 _____
Business Phone: (520)575-4026 _____

Renewal 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#  10103595         Renew? ______Yes_____No
Status:   Active           Status Date:     11/23/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    INDER PREET KAUR              _________________
Location: ARCO AM/PM                    _________________
          3601 S PARK AVE               _________________
          TUCSON, AZ 85713              _________________
Business Phone:     (520)624-5412       __________

Renewal 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

**RJ150048**

RAFAEL MARTINEZ SILVAS
SUPER CARNICERIA DEL VALLE LLC
SUPER CARNICERIA DEL VALLE
7350 S SORREL LN
TUCSON AZ 85746

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

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| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103532         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAFAEL  MARTINEZ SILVAS       ___________________
Location: SUPER CARNICERIA DEL VALLE    ___________________
          2611 W DREXEL RD              ___________________
          TUCSON, AZ 85746              ___________________
Business Phone:     (520)578-0102       __________

Renewal 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

**RJ150049**

DEEPA KAMLESHKUMAR PATEL
BHOLE BABA LLC
MI RANCHITO CARNICERIA
2801 E VAN BUREN ST
PHOENIX AZ 85008

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103717         Renew? ______Yes_____No
Status:   Active           Status Date:     5/6/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEEPA KAMLESHKUMAR PATEL      ___________________
Location: MI RANCHITO CARNICERIA        ___________________
          3650 E BENSON HWY             ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)294-4631       __________

Renewal 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

**RJ150050**

WILLIAM ROBERT GREEN
DAV #2
DAV #2
3455 S WILMOT RD
TUCSON AZ 85730

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14101001         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM ROBERT GREEN          ___________________
Location: DAV #2                        ___________________
          3455 S WILMOT RD              ___________________
          TUCSON, AZ 85730              ___________________
Business Phone:     (520)747-3333       __________

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

**RJ150051**

RANDY D NATIONS
IFCO SUPERMARKET INC
LEE LEE ORIENTAL SUPERMART
P O BOX 2502
CHANDLER AZ 85244

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100193         Renew? ______Yes_____No
Status:   Inactive         Status Date:     6/4/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: LEE LEE ORIENTAL SUPERMART    ___________________
          1990 W ORANGE GROVE           ___________________
          TUCSON, AZ 85704              ___________________
Business Phone:     (520)638-8328       __________

Renewal 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

**RJ150052**

CHUNG SING MUI
MUI CHUNG'S JTWROS
CORNER MARKET
341 W AJO
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103158         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHUNG SING MUI                _________________
Location: CORNER MARKET                 _________________
          341 W AJO                     _________________
          TUCSON, AZ 85713              _________________
Business Phone:     (520)294-5091       __________

Renewal 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

**RJ150053**

RAJ AGARWAL
R & D UNION INC
R & D UNION
4701 E 29TH ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103658         Renew? ______Yes_____No
Status:   Active           Status Date:     10/16/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAJ  AGARWAL                  ___________________
Location: R & D UNION                   ___________________
          4701 E 29TH ST                ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)748-3512       __________

Renewal 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

**RJ150054**

JAYANTIBHAI DHANJIBHAI PATEL
RAM LLC
CATALINA MARKET #2
2226 N COUNTRY CLUB RD
TUCSON AZ 85716

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100129         Renew? ______Yes_____No
Status:   Active           Status Date:     10/7/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAYANTIBHAI DHANJIBHAI PATEL  ___________________
Location: CATALINA MARKET #2            ___________________
          2226 N COUNTRY CLUB RD        ___________________
          TUCSON, AZ 85716              ___________________
Business Phone:     (520)326-3353       __________

Renewal 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#  10103122         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAYANTIBHAI DHANJIBHAI PATEL  ___________________
Location: CATALINA MARKET               ___________________
          2601 N COLUMBUS               ___________________
          TUCSON, AZ 85712              ___________________
Business Phone:     (520)326-6414       __________

Renewal 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

**RJ150055**

KEVIN ARNOLD KRAMBER
AMERICAN LEGION #7
AMERICAN LEGION #7
536 E WAGON BLUFF DR
TUCSON AZ 85704

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100039         Renew? ______Yes_____No
Status:   Active           Status Date:     11/9/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN ARNOLD KRAMBER          _________________
Location: AMERICAN LEGION #7            _________________
          330 W FRANKLIN ST             _________________
          TUCSON, AZ 85701              _________________
Business Phone:     (520)622-8703       __________

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

**RJ150056**

ANDREA DAHLMAN LEWKOWITZ
PILOT TRAVEL CENTERS LLC
PILOT TRAVEL CENTER #593
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103707         Renew? ______Yes_____No
Status:   Active           Status Date:     12/19/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: PILOT TRAVEL CENTER #593      ___________________
          5570 E TRAVEL PLAZA WAY       ___________________
          TUCSON, AZ 85756              ___________________
Business Phone:     (520)663-3348       __________

Renewal 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

**RJ150057**

HARRY ALLAN MONSEN
V F W #3578
V F W #3578
P O BOX 776
AJO AZ 85321

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100032         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HARRY ALLAN MONSEN            ___________________
Location: V F W #3578                   ___________________
          1764 N AJO GILA BEND HWY      ___________________
          AJO, AZ 85321                 ___________________
Business Phone:     (520)387-6342       __________

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

**RJ150058**

FAY TING MAR
UNITED MARKET INC
UNITED MARKET
P O BOX 40817
TUCSON AZ 85717

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100263         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FAY TING MAR                  _________________
Location: UNITED MARKET                 _________________
          2500 S 6TH AVE                _________________
          TUCSON, AZ 85713              _________________
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

**RJ150059**

TAK WAH CHAN
GRAND MARKET
6250 S 6TH AVE
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100175         Renew? ______Yes_____No
Status:   Active           Status Date:     3/26/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: GRAND MARKET                  _________________
          6250 S 6TH AVE                _________________
          TUCSON, AZ 85706              _________________
Business Phone:     (520)889-3959       __________

Renewal 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

**RJ150060**

CLARE HOLLIE ABEL
COSTCO WHOLESALE CORP
COSTCO WHOLESALE #407
ATTN: LICENSING
999 LAKE DR
ISSAQUAH WA 98027

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 09100122 Renew? _____Yes_____No
Status: Active Status Date: 10/23/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: COSTCO WHOLESALE #407 _____
6255 E GRANT RD _____
TUCSON, AZ 85712 _____
Business Phone: (520)886-6376 _____

Renewal 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# 09100218 Renew? _____Yes_____No
Status: Active Status Date: 11/16/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: COSTCO WHOLESALE #431 _____
3901 W COSTCO DR _____
TUCSON, AZ 85741 _____
Business Phone: (520)797-1980 _____

Renewal 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# 09106004 Renew? _____Yes_____No
Status: Active Status Date: 2/28/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: COSTCO WHOLESALE #1079 _____
1650 E TUCSON MARKETPLACE BLVD _____
TUCSON, AZ 85713 _____
Business Phone: (520)791-7340 _____

Renewal 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

**RJ150061**

NICHOLAS CARL GUTTILLA
SAFEWAY INC
SAFEWAY #1989
5415 E HIGH ST #200
C/O GUTTILLA MURPHY ANDERSON
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 09100019 Renew? _____Yes_____No
Status: Active Status Date: 6/1/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1989 _____
9460 E GOLF LINKS DR _____
TUCSON, AZ 85730 _____
Business Phone: (520)296-0042 _____

Renewal 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# 09100022 Renew? _____Yes_____No
Status: Active Status Date: 6/1/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1986 _____
9050 E VALENCIA STE 100 _____
TUCSON, AZ 85747 _____
Business Phone: (520)663-0009 _____

Renewal 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# 09100033 Renew? _____Yes_____No
Status: Active Status Date: 6/1/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1985 _____
9705 N THORNYDALE STE 100 _____
TUCSON, AZ 85742 _____
Business Phone: (520)579-1083 _____

Renewal 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# 09100036 Renew? _____Yes_____No
Status: Active Status Date: 6/1/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1988 _____
7177 E TANQUE VERDE _____
TUCSON, AZ 85715 _____
Business Phone: (520)731-0117 _____

Renewal 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# 09100134 Renew? _____Yes_____No
Status: Active Status Date: 11/7/1992
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1255 _____
7110 N ORACLE RD _____
TUCSON, AZ 85704 _____
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# 09100135 Renew? _____Yes_____No
Status: Active Status Date: 11/28/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1684 _____
1940 E BROADWAY _____
TUCSON, AZ 85719 _____
Business Phone: (520)206-9047 _____

Renewal 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# 09100136 Renew? _____Yes_____No
Status: Active Status Date: 7/24/1996
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #250 _____
4752 E SUNRISE _____
TUCSON, AZ 85718 _____
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# 09100138 Renew? _____Yes_____No
Status: Active Status Date: 2/20/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #267 _____
2940 W VALENCIA _____
TUCSON, AZ 85746 _____
Business Phone: (520)578-0144 _____

Renewal 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# 09100139 Renew? _____Yes_____No
Status: Active Status Date: 3/6/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #2044 _____
260 W CONTINENTAL _____
GREEN VALLEY, AZ 85614 _____
Business Phone: (520)625-7823 _____

Renewal 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# 09100140 Renew? _____Yes_____No
Status: Active Status Date: 11/6/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1874 _____
6360 E GOLF LINKS RD _____
TUCSON, AZ 85730 _____
Business Phone: (520)514-9567 _____

Renewal 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# 09100141 Renew? _____Yes_____No
Status: Inactive Status Date: 4/17/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #255 _____
1551 W SAINT MARYS RD _____
TUCSON, AZ 85745 _____
Business Phone: (520)624-8442 _____

Renewal 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# 09100146 Renew? _____Yes_____No
Status: Active Status Date: 1/20/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #2080 _____
5548 E GRANT RD _____
TUCSON, AZ 85712 _____
Business Phone: (520)298-1962 _____

Renewal 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# 09100149 Renew? _____Yes_____No
Status: Active Status Date: 6/28/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1771 _____
1301 W DUVAL MINE RD _____
SAHUARITA, AZ 85629 _____
Business Phone: (520)648-2847 _____

Renewal 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# 09100154 Renew? _____Yes_____No
Status: Active Status Date: 9/24/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1521 _____
NEC 1ST & E TANGERINE _____
ORO VALLEY, AZ 85737 _____
Business Phone: (520)297-4344 _____

Renewal 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# 09100205 Renew? _____Yes_____No
Status: Active Status Date: 4/17/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #255 _____
1551 W SAINT MARYS RD _____
TUCSON, AZ 85745 _____
Business Phone: (520)624-8442 _____

Renewal 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# 09100222 Renew? _____Yes_____No
Status: Active Status Date: 5/2/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1749 _____
9100 N SILVERBELL RD _____
MARANA, AZ 85653 _____
Business Phone: (520)579-8365 _____

Renewal 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# 09100241 Renew? _____Yes_____No
Status: Active Status Date: 6/1/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1984 _____
9125 E TANQUE VERDE _____
TUCSON, AZ 85749 _____
Business Phone: (520)760-6087 _____

Renewal 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# 09100244 Renew? _____Yes_____No
Status: Active Status Date: 6/1/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1983 _____
2140 W GRANT _____
TUCSON, AZ 85745 _____
Business Phone: (520)792-0083 _____

Renewal 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# 09100270 Renew? _____Yes_____No
Status: Active Status Date: 1/20/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #2060 _____
1781 E PRINCE RD _____
TUCSON, AZ 85719 _____
Business Phone: (520)327-2287 _____

Renewal 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

**RJ150062**

LINDA MARIE BADAMI
AMERICAN AIRLINES INC
AMERICAN AIRLINES
C/O FLAHERTY & O'HARA PC
610 SMITHFIELD ST STE 300
PITTSBURGH PA 15222

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  08101000         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LINDA MARIE BADAMI            ___________________
Location: AMERICAN AIRLINES             ___________________
          7250 S TUCSON BLVD #202       ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)837-0014       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

# STATE OF ARIZONA
# DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

**RJ150063**

GHASSAN O EL MURIB
OMAR ENTERPRISES III INC
GUS'S LIQUOR STORE
4302 E GRANT RD
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100186         Renew? ______Yes_____No
Status:   Active           Status Date:     9/28/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GHASSAN O EL MURIB            ___________________
Location: GUS'S LIQUOR STORE            ___________________
          3350 N 1ST AVE                ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (520)323-1544       __________

Renewal 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#  09100213         Renew? ______Yes_____No
Status:   Active           Status Date:     6/10/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GHASSAN O EL MURIB            ___________________
Location: GUS'S LIQUOR STORE II         ___________________
          4302 E GRANT RD               ___________________
          TUCSON, AZ 85712              ___________________
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_____ 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

**RJ150064**

MARIA CHRISTINA BELTRAN FULLER
GMF INVESTMENTS INC
TONY'S LIQUORS
1920 W MOLLOHAN DR
TUCSON AZ 85746

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100221         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA CHRISTINA BELTRAN FULLER_________________
Location: TONY'S LIQUORS                _________________
          4717 S 12TH AVE               _________________
          TUCSON, AZ 85714              _________________
Business Phone:     (520)294-9283       __________

Renewal 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

**RJ150065**

CLARE HOLLIE ABEL
WAL-MART STORES INC
WAL-MART NEIGHBORHOOD MARKET #3377
702 SW 8 ST
WAL-MART STORES INC DEPT 8916
BENTONVILLE AR 72716

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 09100010 Renew? _____Yes_____No
Status: Active Status Date: 1/22/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART NEIGHBORHOOD MARKET #3377_____
2823 W VALENCIA RD _____
TUCSON, AZ 85746-8034 _____
Business Phone: (520)908-2556 _____

Renewal 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# 09100017 Renew? _____Yes_____No
Status: Active Status Date: 10/15/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART MARKET # 3142 _____
3900 W INA RD _____
TUCSON, AZ 85741 _____
Business Phone: (520)329-6156 _____

Renewal 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# 09100024 Renew? _____Yes_____No
Status: Active Status Date: 1/5/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART NEIGHBORHOOD MARKET #4264_____
7951 N ORACLE RD _____
ORO VALLEY, AZ 85704 _____
Business Phone: (520)469-9556 _____

Renewal 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# 09100026 Renew? _____Yes_____No
Status: Active Status Date: 4/28/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL- MART NEIGHBORHOOD MARKET #3357_____
3925 E GRANT RD _____
TUCSON, AZ 85712 _____
Business Phone: (520)327-0085 _____

Renewal 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# 09100081 Renew? _____Yes_____No
Status: Active Status Date: 9/24/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #3379 _____
2150 E TANGERINE RD _____
ORO VALLEY, AZ 85755 _____
Business Phone: (520)544-0016 _____

Renewal 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# 09100084 Renew? _____Yes_____No
Status: Active Status Date: 3/21/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART MARKET #3049 _____
2550 S KOLB RD _____
TUCSON, AZ 85710 _____
Business Phone: (520)971-4095 _____

Renewal 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# 09100087 Renew? _____Yes_____No
Status: Active Status Date: 2/27/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART NEIGHBORHOOD MARKET #3143_____
8640 E BROADWAY BLVD _____
TUCSON, AZ 85710 _____
Business Phone: (520)329-6870 _____

Renewal 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# 09100092 Renew? _____Yes_____No
Status: Active Status Date: 8/28/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #5626 _____
1260 E TUCSON MARKETPLACE BLVD _____
TUCSON, AZ 85713 _____
Business Phone: (520)917-0108 _____

Renewal 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# 09100098 Renew? _____Yes_____No
Status: Active Status Date: 12/29/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #1411 _____
18680 S NOGALES HWY _____
SAHUARITA, AZ 85614 _____
Business Phone: (520)625-3808 _____

Renewal 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# 09100130 Renew? _____Yes_____No
Status: Active Status Date: 5/6/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #5799 _____
2711 S HOUGHTON BLVD _____
TUCSON, AZ 85730 _____
Business Phone: (520)418-0087 _____

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

---

License# 09100178 Renew? _____Yes_____No
Status: Active Status Date: 12/9/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #5858 _____
9260 S HOUGHTON RD _____
TUCSON, AZ 85747 _____
Business Phone: (520)329-6674 _____

Renewal 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# 09100194 Renew? _____Yes_____No
Status: Active Status Date: 10/17/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL - MART SUPERCENTER #1612 _____
1650 W VALENCIA RD _____
TUCSON, AZ 85746 _____
Business Phone: (520)573-3777 _____

Renewal 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# 09100223 Renew? _____Yes_____No
Status: Active Status Date: 3/6/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER # 5031 _____
8280 N CORTARO RD _____
MARANA, AZ 85743 _____
Business Phone: (520)744-3652 _____

Renewal 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# 09100251 Renew? _____Yes_____No
Status: Inactive Status Date: 8/27/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART NEIGHBORHOOD MARKET #4490_____
2565 E COMMERCE CENTER PL _____
TUCSON, AZ 85706 _____
Business Phone: (520)837-0750 _____

Renewal 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# 09100254 Renew? _____Yes_____No
Status: Active Status Date: 10/17/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL- MART SUPERCENTER #2922 _____
7635 N LA CHOLLA BLVD _____
TUCSON, AZ 85741 _____
Business Phone: (520)297-0840 _____

Renewal 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# 09105004 Renew? _____Yes_____No
Status: Active Status Date: 9/28/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART NEIGHBORHOOD MARKET #4473_____
2175 W RUTHRAUFF RD _____
TUCSON, AZ 85705 _____
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# 09106000 Renew? _____Yes_____No
Status: Active Status Date: 2/22/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART STORE #1291 _____
7150 E SPEEDWAY _____
TUCSON, AZ 85710 _____
Business Phone: (520)751-1882 _____

Renewal 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# 09106001 Renew? _____Yes_____No
Status: Active Status Date: 3/11/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART STORE #1325 _____
455 E WETMORE _____
TUCSON, AZ 85705 _____
Business Phone: (520)292-2992 _____

Renewal 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# 10103489 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART NEIGHBORHOOD MARKET #4603_____
5500 EAST 22ND ST _____
TUCSON, AZ 85711 _____
Business Phone: (520)745-0267 _____

Renewal 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# 10103727 Renew? _____Yes_____No
Status: Active Status Date: 10/27/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #3884 _____
3435 E BROADWAY BLVD _____
TUCSON, AZ 85716 _____
Business Phone: (520)327-0085 _____

Renewal 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

**RJ150066**

JUAN M BELTRAN ALEMAN
TADEUS WINE AND SPIRITS INC
TADEUS WINE AND SPIRITS
860 E 16TH ST
TUCSON AZ 85719

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  04103033         Renew? ______Yes_____No
Status:   Active           Status Date:     2/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUAN M BELTRAN ALEMAN         ___________________
Location: TADEUS WINE AND SPIRITS       ___________________
          860 E 16TH ST                 ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (520)882-8713       __________

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

**RJ150067**

ANA LETICIA A QUINTERO
7-ELEVEN #21043B
C/O GUTTILLA MURPHY ANDERSON
5415 E HIGH ST #200
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103280         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: 7-ELEVEN #21043B              _________________
          4680 E BROADWAY BLVD          _________________
          TUCSON, AZ 85711-3512         _________________
Business Phone:     (520)795-4480       __________

Renewal 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

**RJ150068**

DARSHAN AGARWAL
R & D CONOCO INC
R & D CONOCO INC
3780 W MAGEE RD
TUCSON AZ 85741

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103337         Renew? ______Yes_____No
Status:   Active           Status Date:     11/24/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARSHAN  AGARWAL              ___________________
Location: R & D CONOCO INC              ___________________
          3780 W MAGEE RD               ___________________
          TUCSON, AZ 85741              ___________________
Business Phone:     (520)579-5914       __________

Renewal 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

**RJ150069**

KYU HEE LEE
LEE ENTERPRISE GROUP LLC
MARKET BASKET
5242 S 12TH AVE
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103452         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KYU HEE  LEE                  _________________
Location: MARKET BASKET                 _________________
          5242 S 12TH AVE               _________________
          TUCSON, AZ 85706              _________________
Business Phone:     (520)294-1891       __________

Renewal 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

**RJ150070**

ABDALAZIZ ABDULLAH SHAHIN
GOLDEN DAYS LLC
Z MARKET
2795 N 1ST AVE
TUCSON AZ 85719

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103751         Renew? ______Yes_____No
Status:   Active           Status Date:     4/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ABDALAZIZ ABDULLAH SHAHIN     ___________________
Location: Z MARKET                      ___________________
          2795 N 1ST AVE                ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (520)624-1700       __________

Renewal 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

**RJ150071**

KEVIN RUDOLPH KOWALSKI
FOE #180
FOE #180
1530 N STONE AVE
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100059         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN RUDOLPH KOWALSKI        ___________________
Location: FOE #180                      ___________________
          1530 N STONE AVE              ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)624-2461       __________

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

**RJ150072**

MELANIE JOY CROSBY
VALLEY MART INC
VALLEY MART
16560 W AVRA VALLEY RD
MARANA AZ 85653

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103325         Renew? ______Yes_____No
Status:   Active           Status Date:     6/2/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MELANIE JOY CROSBY            ___________________
Location: VALLEY MART                   ___________________
          16560 W AVRA VALLEY RD        ___________________
          MARANA, AZ 85653              ___________________
Business Phone:     (520)682-5540       __________

Renewal 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

**RJ150073**

MARK ANTHONY TOVAR
V F W #10015
V F W #10015
P O BOX 11944
TUCSON AZ 85734

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14101004         Renew? ______Yes_____No
Status:   Active           Status Date:     11/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK ANTHONY TOVAR            ___________________
Location: V F W #10015                  ___________________
          5768 S FONTANA AVE            ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)294-8678       __________

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

**RJ150074**

MARK MCDANIEL MABRY
RANCHOMARIA VINEYARDS LLC
RANCHOMARIA VINEYARDS
13490 S BELL RD
BENSON AZ 85602

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  13103004         Renew? ______Yes_____No
Status:   Active           Status Date:     11/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK MCDANIEL MABRY           ___________________
Location: RANCHOMARIA VINEYARDS         ___________________
          13490 S BELL RD               ___________________
          BENSON, AZ 85602              ___________________
Business Phone:     (520)403-1755       __________

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

**RJ150075**

SANGEETA THATHI
SK INC
SHELL
880 W ST MARYS RD
TUCSON AZ 85745

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103436         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANGEETA  THATHI              _________________
Location: SHELL                         _________________
          880 W ST MARYS RD             _________________
          TUCSON, AZ 85745              _________________
Business Phone:     (520)882-9955       __________

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

**RJ150076**

KENYON GEE
KTGEE LLC
T & T MARKET
2048 S 6TH AVE
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100114         Renew? ______Yes_____No
Status:   Active           Status Date:     11/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENYON  GEE                   _________________
Location: T & T MARKET                  _________________
          2048 S 6TH AVE                _________________
          TUCSON, AZ 85713              _________________
Business Phone:     (520)623-0133       __________

Renewal 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

**RJ150077**

RODNEY SCOTT HERBERT
REAY'S RANCH INVESTORS LLC
MINIT MARKET #606
2100 N KOLB RD
TUCSON AZ 85715

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103699         Renew? ______Yes_____No
Status:   Active           Status Date:     8/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RODNEY SCOTT HERBERT          ___________________
Location: MINIT MARKET #606             ___________________
          1 E SAHUARITA RD              ___________________
          SAHUARITA, AZ 85629           ___________________
Business Phone:     (520)298-2391       __________

Renewal 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

**RJ150078**

TROY ANTHONY PETTY
7-ELEVEN #18981C
C/O GUTTILLA MURPHY ANDERSON
5415 E HIGH ST #200
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103324         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: 7-ELEVEN #18981C              _________________
          3501 E GRANT RD               _________________
          TUCSON, AZ 85716              _________________
Business Phone:     (520)327-5168       __________

Renewal 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

**RJ150079**

MICHAEL D HOLT
HOLT AJO SALES INC
HOLT AJO SALES
429 N 2ND AVE
AJO AZ 85321

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100158         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL D HOLT                _________________
Location: HOLT AJO SALES                _________________
          429 N 2ND AVE                 _________________
          AJO, AZ 85321                 _________________
Business Phone:     (520)387-6200       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

# STATE OF ARIZONA
# DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

**RJ150080**

GAIL COLLEEN FOREMAN
TUCSON TRUCK TERMINAL INC
MR T'S
5451 E BENSON HWY
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100200         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GAIL COLLEEN FOREMAN          ___________________
Location: MR T'S                        ___________________
          5451 E BENSON HWY             ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)574-0050       __________

Renewal 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

**RJ150081**

EDGAR G MUNRO
POWDERHORN DISTRIBUTING LLC
POWDERHORN DISTRIBUTING
5294 N CASA GRANDE HWY STE 102
TUCSON AZ 85743

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  04103028         Renew? ______Yes_____No
Status:   Active           Status Date:     12/8/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDGAR G MUNRO                 ___________________
Location: POWDERHORN DISTRIBUTING       ___________________
          5294 N CASA GRANDE HWY # 102   ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)982-1525       __________

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

**RJ150082**

VO T MA
MA VO ET AL
FOOD SPOT MARKET
5423 S PALO VERDE
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100256         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VO T MA                       ___________________
Location: FOOD SPOT MARKET              ___________________
          5256 S NOGALES HWY            ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)294-4042       __________

Renewal 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

**RJ150083**

KEVIN ARNOLD KRAMBER
AL RAM MARKET LLC
MEXICO WAY STORE
536 E WAGON BLUFF DR
TUCSON AZ 85704

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100252         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN ARNOLD KRAMBER          ___________________
Location: MEXICO WAY STORE              ___________________
          9418 S NOGALES HWY            ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)294-2049       __________

Renewal 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

**RJ150084**

KENNETH T DUNLAP
DUNLAP OIL COMPANY INC
MARANA FREEWAY CHEVRON
759 S HASKELL AVE
WILLCOX AZ 85643

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103240         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH T DUNLAP              ___________________
Location: MARANA FREEWAY CHEVRON        ___________________
          13960 N SANDARIO RD           ___________________
          MARANA, AZ 85653              ___________________
Business Phone:     (520)682-3426       __________

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

-------------------------------------------------------------------------------
License#  10103465         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THEODORE JOSEPH DUNLAP        ___________________
Location: GREEN VALLEY SUPER CENTER     ___________________
          171 W CONTINENTAL RD          ___________________
          GREEN VALLEY, AZ 85614        ___________________
Business Phone:     (520)625-9646       __________

Renewal 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

**RJ150085**

KRISHNA PAL SINGH
R P FOOD STORE INC
RP FOOD STORE
902 W MIRACLE MILE
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103310         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KRISHNA PAL SINGH             ___________________
Location: RP FOOD STORE                 ___________________
          902 W MIRACLE MILE            ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)888-3143       __________

Renewal 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

**RJ150086**

RICKY LYNN RIDDLE
BEAR TRACK INC
BEAR TRACK BISTRO & WINERY
5675 N CAMINO ESPLENDORA #6136
TUCSON AZ 85718

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  13103005         Renew? ______Yes_____No
Status:   Active           Status Date:     10/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICKY LYNN RIDDLE             ___________________
Location: BEAR TRACK BISTRO & WINERY    ___________________
          4743 E SUNRISE DR             ___________________
          TUCSON, AZ 85718              ___________________
Business Phone:     (520)975-0050       __________

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

**RJ150087**

MAEN FAHED MDANAT
PETRA RAYAH LLC
FAMILY FOOD STORE
2100 W RUTHRAUFF RD
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100156         Renew? ______Yes_____No
Status:   Active           Status Date:     10/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAEN FAHED MDANAT             ___________________
Location: FAMILY FOOD STORE             ___________________
          2100 W RUTHRAUFF RD           ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)888-2064       __________

Renewal 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

**RJ150088**

GEORGE LEONARD ENGLE
CST ARIZONA STATIONS INC
DIAMOND SHAMROCK CORNER STORE #1617
P O BOX 690007
SAN ANTONIO TX 78269-0007

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 10103019 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: DIAMOND SHAMROCK CORNER STORE #1617_____
1810 W PRINCE _____
TUCSON, AZ 85705 _____
Business Phone: (520)888-4661 _____

Renewal 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# 10103020 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: DIAMOND SHAMROCK CORNER STORE #1613_____
2160 W DREXEL RD _____
TUCSON, AZ 85745 _____
Business Phone: (520)294-1044 _____

Renewal 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# 10103024 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: CORNER STORE #1616 _____
920 E 22ND ST _____
SOUTH TUCSON, AZ 85713 _____
Business Phone: (520)770-0740 _____

Renewal 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# 10103025 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: VALERO CORNER STORE #1614 _____
10410 N LA CANADA DR _____
ORO VALLEY, AZ 85737 _____
Business Phone: (520)742-3990 _____

Renewal 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# 10103034 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: DIAMOND SHAMROCK CORNER STORE #1624_____
8395 N THORNYDALE RD _____
TUCSON, AZ 85741 _____
Business Phone: (520)579-3571 _____

Renewal 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# 10103054 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: CORNER STORE #1636 _____
5005 N LA CANADA DR _____
TUCSON, AZ 85704 _____
Business Phone: (520)690-1077 _____

Renewal 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# 10103055 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: DIAMOND SHAMROCK CORNER STORE #1634_____
6310 E GOLF LINKS RD _____
TUCSON, AZ 85730 _____
Business Phone: (520)747-5515 _____

Renewal 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# 10103062 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: DIAMOND SHAMROCK CORNER STORE #1627_____
1895 E VALENCIA RD _____
TUCSON, AZ 85706 _____
Business Phone: (520)889-8336 _____

Renewal 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# 10103065 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: CORNER STORE #1640 _____
9520 E 22ND ST _____
TUCSON, AZ 85748 _____
Business Phone: (520)290-9913 _____

Renewal 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# 10103095 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: DIAMOND SHAMROCK CORNER STORE #1649_____
6175 S KOLB RD _____
TUCSON, AZ 85706 _____
Business Phone: (520)663-1686 _____

Renewal 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# 10103207 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: VALERO CORNER STORE #1650 _____
2088 W ORANGE GROVE RD _____
TUCSON, AZ 85704 _____
Business Phone: (520)878-0126 _____

Renewal 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# 10103399 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE LEONARD ENGLE _____
Location: VALERO CORNER STORE #1658 _____
15240 N ORACLE RD _____
TUCSON, AZ 85739 _____
Business Phone: (520)825-3319 _____

Renewal 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#  10103508         Renew? ______Yes_____No
Status:   Active           Status Date:     1/4/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE LEONARD ENGLE          ___________________
Location: CORNER STORE #1657            ___________________
          4685 E VALENCIA RD            ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)664-1297       __________

Renewal 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#  10103509         Renew? ______Yes_____No
Status:   Active           Status Date:     4/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE LEONARD ENGLE          ___________________
Location: CORNER STORE #1665            ___________________
          10335 E DREXEL RD             ___________________
          TUCSON, AZ 85747              ___________________
Business Phone:     (520)546-5155       __________

Renewal 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

**RJ150089**

JILL V ONGLEY
ONGLEY JILL ET AL
JILL'S LITTLE STORE
16231 S COUNTRY CLUB DR
SAHUARITA AZ 85629

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10100275         Renew? ______Yes_____No
Status:   Active           Status Date:     11/17/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JILL V ONGLEY                 ___________________
Location: JILL'S LITTLE STORE           ___________________
          2855 E DAVIS RD               ___________________
          SAHUARITA, AZ 85629           ___________________
Business Phone:     (520)625-1097       __________

Renewal 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

**RJ150090**

SANJAY VINUBHAI PATEL
JAI SHREE AMBE INC
MI RANCHITO SUPERMARKET
1777 W 36TH ST
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103520         Renew? ______Yes_____No
Status:   Active           Status Date:     5/7/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANJAY VINUBHAI PATEL         ___________________
Location: MI RANCHITO SUPERMARKET       ___________________
          1777 W 36TH ST                ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)623-7331       __________

Renewal 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

**RJ150091**

TUN L LEE
NEW EMPIRE MARKET
935 EAST FOOTHILLS DRIVE
TUCSON AZ 85718

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10100184         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: NEW EMPIRE MARKET             _________________
          526 E 9TH ST                  _________________
          TUCSON, AZ 85705              _________________
Business Phone:     (520)622-8772       __________

Renewal 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

**RJ150092**

INDER PREET KAUR
SIMAR DEEP INVESTMENTS INC
ARCO AM/PM
2790 W RUTHRAUFF RD
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103750         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    INDER PREET KAUR              ___________________
Location: ARCO AM/PM                    ___________________
          802 W SPEEDWAY                ___________________
          TUCSON, AZ 85745              ___________________
Business Phone:     (520)620-0207       __________

Renewal 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

**RJ150093**

STEPHEN HAMILTON PAUL
HAMILTON DISTILLERS GROUP LLC
HAMILTON DISTILLERS
209 N HOFF AVE
TUCSON AZ 85745

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

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| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  18103002         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN HAMILTON PAUL         ___________________
Location: HAMILTON DISTILLERS           ___________________
          2106 N FORBES STE#103         ___________________
          TUCSON, AZ 85745              ___________________
Business Phone:     (520)245-8471       __________

Renewal Fees:
     License Renewal:                  300.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            370.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

# STATE OF ARIZONA
# DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

**RJ150094**

ADIBA S RANA
ADIBA FAS FUEL
8530 E SPEEDWAY BLVD
TUCSON AZ 85710

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103692         Renew? ______Yes_____No
Status:   Active           Status Date:     4/17/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ADIBA FAS FUEL                _________________
          8530 E SPEEDWAY BLVD          _________________
          TUCSON, AZ 85710              _________________
Business Phone:     (520)886-4402       __________

Renewal 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

**RJ150095**

JENNIFER LEA ELCHUCK
WINE & DINE ENTERPRISES INC
RUMRUNNER
3131 E FIRST ST
TUCSON AZ 85716

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100219         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JENNIFER LEA ELCHUCK          ___________________
Location: RUMRUNNER                     ___________________
          3131 E FIRST ST               ___________________
          TUCSON, AZ 85716              ___________________
Business Phone:     (520)326-0121       __________

Renewal 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

**RJ150096**

RICHARD GEE
RLL LLC
BOTTLE SHOP
4030 W OASIS DR
TUCSON AZ 85742

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100117         Renew? ______Yes_____No
Status:   Active           Status Date:     5/3/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD  GEE                  _________________
Location: BOTTLE SHOP                   _________________
          1237-1241 S CHERRY AVE        _________________
          TUCSON, AZ 85713              _________________
Business Phone:     (520)884-5363       __________

Renewal 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

**RJ150097**

BRUCE WAYNE HOLBROOK
EXPRESS STOP AZ LLC
EXPRESS STOP #520
P O BOX 7090
MESA AZ 85216

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103608         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 #520             ___________________
          8333 N CORTARO RD             ___________________
          MARANA, AZ 85743              ___________________
Business Phone:     (520)744-4611       __________

Renewal 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

**RJ150098**

CHANKIRY CHHANG
SK LIMITED LIABILITY CO LLC
S & K MARKET
2520 N 15TH AVE
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103425         Renew? ______Yes_____No
Status:   Active           Status Date:     10/20/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHANKIRY  CHHANG              ___________________
Location: S & K MARKET                  ___________________
          2520 N 15 AVE                 ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)623-1114       __________

Renewal 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

**RJ150099**

FRED H GRAY, JR.
CITY OF TUCSON PARKS & REC DEPT
FRED ENKE GOLF COURSE
900 S RANDOLPH WAY
TUCSON AZ 85716

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 05100001 Renew? _____Yes_____No
Status: Active Status Date: 11/24/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FRED H GRAY, JR. _____
Location: FRED ENKE GOLF COURSE _____
8250 E POINCIANA _____
TUCSON, AZ 85730 _____
Business Phone: (520)791-4225 _____

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# 05100002 Renew? _____Yes_____No
Status: Active Status Date: 11/24/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FRED H GRAY, JR. _____
Location: RANDOLPH RECREATION COMPLEX _____
200 S ALVERNON _____
TUCSON, AZ 85711 _____
Business Phone: (520)791-4225 _____

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# 05100003 Renew? _____Yes_____No
Status: Active Status Date: 11/24/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FRED H GRAY, JR. _____
Location: SILVERBELL GOLF COURSE _____
3600 N SILVERBELL _____
TUCSON, AZ 85745 _____
Business Phone: (520)791-4225 _____

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# 05100004 Renew? _____Yes_____No
Status: Active Status Date: 11/24/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FRED H GRAY, JR. _____
Location: EL RIO GOLF COURSE _____
1400 W SPEEDWAY _____
TUCSON, AZ 85745 _____
Business Phone: (520)791-4225 _____

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#  05101000         Renew? ______Yes_____No
Status:   Active           Status Date:     7/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRED H GRAY, JR.              ___________________
Location: HI CORBETT BASEBALL STADIUM   ___________________
          3400 E CAMINO CAMPESTRE       ___________________
          TUCSON, AZ 85716              ___________________
Business Phone:     (520)791-4225       __________

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

**RJ150100**

ROLANDO VALENZUELA
SUPER CARNICERIA EL RODEO LLC
SUPER CARNICERIA EL RODEO
2239 E CALLE GRAN DESIERTO
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103693         Renew? ______Yes_____No
Status:   Active           Status Date:     5/2/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROLANDO  VALENZUELA           ___________________
Location: SUPER CARNICERIA EL RODEO     ___________________
          3901 E BENSON HWY             ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)574-4232       __________

Renewal 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

**RJ150101**

MARK WALTER BERES
FLYING LEAP VINEYARDS INC
FLYING LEAP VINEYARDS
16500 S CREOSOTE VIEW LN
VAIL AZ 85641

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  13103008         Renew? ______Yes_____No
Status:   Active           Status Date:     2/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK WALTER BERES             ___________________
Location: FLYING LEAP VINEYARDS         ___________________
          4330 N CAMPBELL AVE STE 48    ___________________
          TUCSON, AZ 85718              ___________________
Business Phone:     (520)954-2935       __________

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

**RJ150102**

NICHOLAS CARL GUTTILLA
TARGET STORES INC
TARGET T-2140
P O BOX 9471 CC-1028
MINNEAPOLIS MN 55440-9471

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 09100109 Renew? _____Yes_____No
Status: Active Status Date: 2/5/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: TARGET T-2140 _____
4040 N ORACLE RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)202-1501 _____

Renewal 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# 10103367 Renew? _____Yes_____No
Status: Active Status Date: 11/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: TARGET #854 _____
3901 W INA RD _____
TUCSON, AZ 85741 _____
Business Phone: (520)744-3553 _____

Renewal 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# 10103371 Renew? _____Yes_____No
Status: Active Status Date: 11/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: TARGET #855 _____
6500 E GRANT RD _____
TUCSON, AZ 85715 _____
Business Phone: (520)920-1711 _____

Renewal 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# 10103373 Renew? _____Yes_____No
Status: Active Status Date: 11/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: TARGET #700 _____
10555 N ORACLE RD _____
TUCSON, AZ 85737 _____
Business Phone: (520)219-9862 _____

Renewal 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# 10103377 Renew? _____Yes_____No
Status: Active Status Date: 11/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: TARGET #1316 _____
1225 W IRVINGTON RD _____
TUCSON, AZ 85746 _____
Business Phone: (520)295-1277 _____

Renewal 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# 10103384 Renew? _____Yes_____No
Status: Active Status Date: 11/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: TARGET #179 _____
5255 E BROADWAY BLVD _____
TUCSON, AZ 85711 _____
Business Phone: (520)745-8001 _____

Renewal 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# 10103409 Renew? _____Yes_____No
Status: Active Status Date: 11/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: TARGET #1439 _____
3699 E BROADWAY RD _____
TUCSON, AZ 85716 _____
Business Phone: (520)917-0116 _____

Renewal 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# 10103495 Renew? _____Yes_____No
Status: Active Status Date: 7/7/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: TARGET #1863 _____
9615 E OLD SPANISH TR _____
TUCSON, AZ 85748 _____
Business Phone: (520)296-4290 _____

Renewal 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

**RJ150103**

JOSE PEDRO ZAPATA
GLOBAL INTERNATIONAL ELECTRONICS INC
MONTEREY MARKET
4129 E 29TH ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103278         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE PEDRO ZAPATA             ___________________
Location: MONTEREY MARKET               ___________________
          4129 E 29TH ST                ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)748-2084       __________

Renewal 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

**RJ150104**

JOHN WESLEY LITTLE
QUIK MART STORES INC
QUIK MART
8351 E BROADWAY BLVD
TUCSON AZ 85710

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103586         Renew? ______Yes_____No
Status:   Active           Status Date:     7/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN WESLEY LITTLE            ___________________
Location: QUIK MART                     ___________________
          2200 E BROADWAY BLVD          ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (520)622-8729       __________

Renewal 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#  10103676         Renew? ______Yes_____No
Status:   Active           Status Date:     1/16/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN WESLEY LITTLE            ___________________
Location: QUIK MART #16                 ___________________
          6363 N LA CHOLLA BLVD         ___________________
          TUCSON, AZ 85741              ___________________
Business Phone:     (520)742-4454       __________

Renewal 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

**RJ150105**

PHILLIP JOHN MACK
LEMMON ROCK ENTERPRISES INC
MT LEMMON GENERAL STORE & GIFT SHOP
P O BOX 754
MOUNT LEMMON AZ 85619-0754

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103379         Renew? ______Yes_____No
Status:   Active           Status Date:     7/21/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILLIP JOHN MACK             ___________________
Location: MT LEMMON GENERAL STORE & GIFT SHOP_________________
          12856 N SABINO CANYON         ___________________
          MOUNT LEMMON, AZ 85619        ___________________
Business Phone:     (520)576-1468       __________

Renewal 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

**RJ150106**

KUNG JAE YOON
JIMS MARKET INC
JIMS MARKET
805 E 36TH ST
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100110         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KUNG JAE YOON                 ___________________
Location: JIMS MARKET                   ___________________
          805 E 36TH ST                 ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)623-5775       __________

Renewal 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

**RJ150107**

MONTE G DAVILA
MIDTOWN ENTERPRISES INC
MIDTOWN LIQUOR
339 S STONE
TUCSON AZ 85701

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100142         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MONTE G DAVILA                _________________
Location: MIDTOWN LIQUOR                _________________
          339 S STONE                   _________________
          TUCSON, AZ 85701              _________________
Business Phone:     (520)623-8241       __________

Renewal 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

**RJ150108**

MILTON ELSWORTH CRAIG
CRAIG VINEYARDS LLC
CHARRON VINEYARDS
18585 S SONOITA HWY
VAIL AZ 85641

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  13103003         Renew? ______Yes_____No
Status:   Active           Status Date:     4/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MILTON ELSWORTH CRAIG         _________________
Location: CHARRON VINEYARDS             _________________
          18585 S SONOITA HWY           _________________
          VAIL, AZ 85641                _________________
Business Phone:     (520)762-8585       __________

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

**RJ150109**

AJAY GUPTA
PRANAVDIVYA HOSPITALITY CORPORATION
7-ELEVEN #23823C
5415 E HIGH ST #200
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100187         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AJAY  GUPTA                   _________________
Location: 7-ELEVEN #23823C              _________________
          1001 E SPEEDWAY BLVD          _________________
          TUCSON, AZ 85719              _________________
Business Phone:     (520)628-1612       __________

Renewal 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#  10103715         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AJAY  GUPTA                   _________________
Location: 7-ELEVEN #18383C              _________________
          4659 E 22ND ST                _________________
          TUCSON, AZ 85711              _________________
Business Phone:     (520)790-6077       __________

Renewal 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

**RJ150110**

JACK DARRELL LOWE
WOODY'S ENTERPRISES LTD
WOODY'S FOOD STORE #00129
580 W WICKENBURG WAY
WICKENBURG AZ 85390

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

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| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10101129         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JACK DARRELL LOWE             ___________________
Location: WOODY'S FOOD STORE #00129     ___________________
          1616 N 2ND ST                 ___________________
          AJO, AZ 85321                 ___________________
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

**RJ150111**

THOMAS ROBERT AGUILERA
HAMDI ENTERPRISES LLC
PRINCE MARKET
4554 E CAMP LOWELL DR
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

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|---|---|
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| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103732         Renew? ______Yes_____No
Status:   Active           Status Date:     5/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT AGUILERA        ___________________
Location: PRINCE MARKET                 ___________________
          1040 W PRINCE RD #110         ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)887-3933       __________

Renewal 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

**RJ150112**

JAMES M ROGERS
POR LA FAMILIA LLC
FREEDOM'S GENERAL STORE
7632 E KEITH DR
TUCSON AZ 85730

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100184         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES M ROGERS                _________________
Location: FREEDOM'S GENERAL STORE       _________________
          201 W FORT LOWELL RD          _________________
          TUCSON, AZ 85705              _________________
Business Phone:     (520)623-1678       __________

Renewal 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

**RJ150113**

STEPHEN VINCENT TRACY
THUNDER CANYON DISTILLERY LLC
THUNDER CANYON DISTILLERY
220 E BROADWAY BLVD STE B
TUCSON AZ 85701

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  18103000         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN VINCENT TRACY         ___________________
Location: THUNDER CANYON DISTILLERY     ___________________
          220 E BROADWAY BLVD STE B     ___________________
          TUCSON, AZ 85701              ___________________
Business Phone:     (520)396-3480       __________

Renewal Fees:
     License Renewal:                  300.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            370.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

# STATE OF ARIZONA
# DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

**RJ150114**

MARYLOU C NUNEZ
J & B MARKET
1720 N 15TH AVE
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103420         Renew? ______Yes_____No
Status:   Active           Status Date:     10/14/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: J & B MARKET                  _________________
          1720 N 15TH AVE               _________________
          TUCSON, AZ 85705              _________________
Business Phone:     (520)623-1782       __________

Renewal 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

**RJ150115**

CHIRAGKUMAR R PATEL
SHREEJEE INC
METRO WILDCAT
501 N PARK AVE
TUCSON AZ 85719

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103777         Renew? ______Yes_____No
Status:   Active           Status Date:     6/30/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHIRAGKUMAR R PATEL           ___________________
Location: METRO WILDCAT                 ___________________
          501 N PARK AVE                ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (520)882-2755       __________

Renewal 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

**RJ150116**

MOHAMMAD SAJJAD
D & F LLC
D & F SHELL
6101 E 22ND ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103499         Renew? ______Yes_____No
Status:   Active           Status Date:     11/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MOHAMMAD  SAJJAD              ___________________
Location: D & F SHELL                   ___________________
          6101 E 22ND ST                ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)790-0305       __________

Renewal 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

**RJ150117**

JAMES VINCENT LAMENDOLA
JIMMY BEANZ LLC
JIMMY'S ON GRANT
1570 W GRANT RD
TUCSON AZ 85745

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103600         Renew? ______Yes_____No
Status:   Active           Status Date:     11/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES VINCENT LAMENDOLA       _________________
Location: JIMMY'S ON GRANT              _________________
          1570 W GRANT RD               _________________
          TUCSON, AZ 85745              _________________
Business Phone:     (520)882-8282       __________

Renewal 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

**RJ150118**

ALICE BENITEZ SOTO
LOS ACRES LLC
LOS ACRES GROCERY
4141 W TEKAKUSIM
TUCSON AZ 85746

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103731         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALICE BENITEZ SOTO            ___________________
Location: LOS ACRES GROCERY             ___________________
          4141 W TETAKUSIM RD           ___________________
          TUCSON, AZ 85746              ___________________
Business Phone:     (520)578-4109       __________

Renewal 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

**RJ150119**

JAMES ALEXANDER FOWLER
SUNSET MEAD LLC
SUNSET MEAD
7705 W YEDRA RD
TUCSON AZ 85757

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  13103010         Renew? ______Yes_____No
Status:   Active           Status Date:     10/6/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES ALEXANDER FOWLER        _________________
Location: SUNSET MEAD                   _________________
          7705 W YEDRA RD               _________________
          TUCSON, AZ 85757              _________________
Business Phone:     (602)505-8528       __________

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

**RJ150120**

WILBERT JOHN HARRI
PIMA COUNTY PARKS & RECREATION DEPT
PIMA AIR AND SPACE MUSEUM
6000 E VALENCIA RD
TUCSON AZ 85756

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  05103001         Renew? ______Yes_____No
Status:   Active           Status Date:     11/27/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILBERT JOHN HARRI            ___________________
Location: PIMA AIR AND SPACE MUSEUM     ___________________
          6000 E VALENCIA RD            ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)618-4808       __________

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

**RJ150121**

JACKSON JOY MING WONG
GRANTSTONE INC
GRANTSTONE SUPER MARKET
8 W GRANT
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100255         Renew? ______Yes_____No
Status:   Active           Status Date:     11/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JACKSON JOY MING WONG         ___________________
Location: GRANTSTONE SUPER MARKET       ___________________
          8 W GRANT                     ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)628-7445       __________

Renewal 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

**RJ150122**

ANDREA DAHLMAN LEWKOWITZ
TRADER JOE'S COMPANY
TRADER JOE'S #191
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 09100276 Renew? _____Yes_____No
Status: Active Status Date: 4/25/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: TRADER JOE'S #191 _____
4209 N CAMPBELL AVE _____
TUCSON, AZ 85719 _____
Business Phone: (520)325-0069 _____

Renewal 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# 10101124 Renew? _____Yes_____No
Status: Active Status Date: 1/7/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: TRADER JOE'S #95 _____
1101 N WILMONT RD #147 _____
TUCSON, AZ 85712 _____
Business Phone: (520)733-1313 _____

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# 10103043 Renew? _____Yes_____No
Status: Active Status Date: 1/7/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: TRADER JOE'S #96 _____
7912 N ORACLE _____
TUCSON, AZ 85704 _____
Business Phone: (520)797-4207 _____

Renewal 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# 10103222 Renew? _____Yes_____No
Status: Active Status Date: 1/7/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: TRADER JOE'S #88 _____
4766 E GRANT RD _____
TUCSON, AZ 85712 _____
Business Phone: (520)323-4500 _____

Renewal 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

**RJ150123**

MOHAN SINGH SAINI
BHAJI INC
THREE POINTS GENERAL STORE
16225 W AJO WAY
TUCSON AZ 85735

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100280         Renew? ______Yes_____No
Status:   Active           Status Date:     11/14/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MOHAN SINGH SAINI             ___________________
Location: THREE POINTS GENERAL STORE    ___________________
          16225 W AJO WAY               ___________________
          TUCSON, AZ 85735              ___________________
Business Phone:     (520)822-1071       __________

Renewal 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

**RJ150124**

KELLEY KRINER
FOOD CONSPIRACY COOPERATIVE INC
FOOD CONSPIRACY CO-OP
412 N 4TH AVE
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10101024         Renew? ______Yes_____No
Status:   Active           Status Date:     11/18/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KELLEY  KRINER                _________________
Location: FOOD CONSPIRACY CO-OP         _________________
          412 N 4TH AVE                 _________________
          TUCSON, AZ 85705              _________________
Business Phone:     (520)624-4821       __________

Renewal 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

**RJ150125**

VERNA ASUTOSH PATEL
SAMARPAN INC
7-ELEVEN #23347 D
C/O GUTILLA MURPHY ANDERSON
5415 E HIGH ST #200
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103604         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VERNA ASUTOSH PATEL           ___________________
Location: 7-ELEVEN #23347 D             ___________________
          3856 E 5TH ST                 ___________________
          TUCSON, AZ 85716              ___________________
Business Phone:     (520)326-3282       __________

Renewal 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

**RJ150126**

RICHARD FRANK RHINESMITH
RITA MARKET LLC
RITA RANCH MARKET
8201 S RITA RD
TUCSON AZ 85747

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

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| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103684         Renew? ______Yes_____No
Status:   Active           Status Date:     3/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD FRANK RHINESMITH      ___________________
Location: RITA RANCH MARKET             ___________________
          8201 S RITA RD                ___________________
          TUCSON, AZ 85747              ___________________
Business Phone:     (520)574-9772       __________

Renewal 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

**RJ150127**

ROGER KENNETH BURTON
WESTERN REFINING RETAIL LLC
GIANT STORE #642
1250 W WASHINGTON ST #101
TEMPE AZ 85281

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 10103737 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 #642 _____
11200 S SIERRITA MOUNTAIN RD _____
TUCSON, AZ 85736 _____
Business Phone: (520)432-5861 _____

Renewal 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# 10103738 Renew? _____Yes_____No
Status: Active Status Date: 5/26/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE #643 _____
795 W VIA RANCHO SAHUARITA _____
SAHUARITA, AZ 85629 _____
Business Phone: (520)207-7039 _____

Renewal 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# 10103739 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 #646 _____
3902 E SPEEDWAY BLVD _____
TUCSON, AZ 85712 _____
Business Phone: (520)323-2554 _____

Renewal 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# 10103740 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 #648 _____
4301 E BROADWAY BLVD _____
TUCSON, AZ 85711 _____
Business Phone: (520)325-7820 _____

Renewal 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# 10103741 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 #649 _____
6280 E BROADWAY BLVD _____
TUCSON, AZ 85711 _____
Business Phone: (520)748-0848 _____

Renewal 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# 10103742 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 #652 _____
6890 N SANDARIO RD _____
TUCSON, AZ 85743 _____
Business Phone: (520)616-7544 _____

Renewal 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# 10103747 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 #661 _____
6225 N AJO HWY _____
TUCSON, AZ 85735 _____
Business Phone: (520)883-2700 _____

Renewal 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# 10103748 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 #663 _____
15841 W EL TIRO RD _____
MARANA, AZ 85653 _____
Business Phone: (520)682-6753 _____

Renewal 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# 10103749 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 #672 _____
6777 N SANDARIO RD _____
AVRA, AZ 85743 _____
Business Phone: (520)682-7798 _____

Renewal 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# 10103757 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 #924 _____
761 W AJO WAY _____
TUCSON, AZ 85713 _____
Business Phone: (520)294-8490 _____

Renewal 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# 10103758 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 # 620 _____
7335 S HOUGHTON RD _____
TUCSON, AZ 85747 _____
Business Phone: (520)664-1530 _____

Renewal 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# 10103759 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 # 619 _____
1001 E BENSON HWY _____
TUCSON, AZ 85713 _____
Business Phone: (520)624-5873 _____

Renewal 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# 10103760 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 # 631 _____
5000 E VALENCIA RD _____
TUCSON, AZ 85706 _____
Business Phone: (520)629-7710 _____

Renewal 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# 10103761 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 #616 _____
4390 N 1ST AVE _____
TUCSON, AZ 85719 _____
Business Phone: (520)663-5420 _____

Renewal 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# 10103762 Renew? _____Yes_____No
Status: Active Status Date: 6/26/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: WESTERN EXPRESS #811 _____
7810 N SILVERBELL RD _____
TUCSON, AZ 85743 _____
Business Phone: (520)579-6407 _____

Renewal 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# 10103763 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 #919 _____
4180 W INA RD _____
TUCSON, AZ 85741 _____
Business Phone: (520)744-2813 _____

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# 10103764 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 #626 _____
1850 E PRINCE RD _____
TUCSON, AZ 85719 _____
Business Phone: (520)795-5115 _____

Renewal 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# 10103765 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 # 630 _____
3030 W EL CAMINO DEL CERRO _____
TUCSON, AZ 85745 _____
Business Phone: (520)629-7717 _____

Renewal 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# 10103766 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 # 930 _____
2750 S KOLB RD _____
TUCSON, AZ 85730 _____
Business Phone: (520)571-7963 _____

Renewal 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# 10103767 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 # 813 _____
12885 N ORACLE RD _____
ORO VALLEY, AZ 85737 _____
Business Phone: (520)498-0100 _____

Renewal 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# 10103768 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 # 929  _____
9491 E 22ND ST  _____
TUCSON, AZ 85710  _____
Business Phone:  (520)886-2960  _____

Renewal 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#  10103769  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 # 812  _____
10505 N ORACLE RD  _____
ORO VALLEY, AZ 85737  _____
Business Phone:  (520)742-3275  _____

Renewal 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#  10103770  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  # 617  _____
8080 N ORACLE RD  _____
ORO VALLEY, AZ 85737  _____
Business Phone:  (520)742-9880  _____

Renewal 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#  10103771  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 # 615  _____
6150 S KOLB RD  _____
TUCSON, AZ 85706  _____
Business Phone:  (520)663-5420  _____

Renewal 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#  10103772  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 # 614 _____
3550 N CAMPBELL AVE _____
TUCSON, AZ 85719 _____
Business Phone: (520)323-6343 _____

Renewal 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# 10103773 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 # 613 _____
8845 E TANQUE VERDE RD _____
TUCSON, AZ 85749 _____
Business Phone: (520)749-3024 _____

Renewal 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# 10103774 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 # 618 _____
7910 E GOLF LINKS RD _____
TUCSON, AZ 85730 _____
Business Phone: (520)885-3643 _____

Renewal 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# 10103775 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 #611 _____
2385 N SILVERBELL RD _____
TUCSON, AZ 85745 _____
Business Phone: (520)628-9517 _____

Renewal 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# 10103776 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 # 612 _____
4202 W INA RD _____

TUCSON, AZ 85741 _____
Business Phone: (520)744-7840 _____

Renewal 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# 10103779 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 #629 _____
15 W GRANT RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)884-4338 _____

Renewal 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# 10103780 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 #625 _____
2075 W RUTHRAUFF _____
TUCSON, AZ 85705 _____
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# 10103781 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 #624 _____
6855 E SUNRISE DR _____
TUCSON, AZ 85750 _____
Business Phone: (520)577-0849 _____

Renewal 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# 10103782 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 #623 _____
7085 E BROADWAY BLVD _____
TUCSON, AZ 85710 _____
Business Phone: (520)296-0372 _____

```
Renewal 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#  10103783         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 #622              ___________________
          1169 W IRVINGTON RD           ___________________
          TUCSON, AZ 85746              ___________________
Business Phone:     (520)573-7069       __________

Renewal 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#  10103784         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 #628              ___________________
          12030 N DOVE MOUNTAIN BLVD    ___________________
          MARANA, AZ 85642              ___________________
Business Phone:     (520)744-6280       __________

Renewal 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

**RJ150128**

TROY CHARLES DEVOS
QUIKTRIP CORPORATION
QUIK TRIP #1482
P O BOX 3475
ATTN LICENSING DEPT
TULSA OK 74101-3475

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 10103516 Renew? _____Yes_____No
Status: Active Status Date: 2/10/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIK TRIP #1482 _____
3345 W VALENCIA RD _____
TUCSON, AZ 85746 _____
Business Phone: (520)883-4509 _____

Renewal 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# 10103524 Renew? _____Yes_____No
Status: Active Status Date: 4/22/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUICK TRIP #1460 _____
1250 S PANTANO RD _____
TUCSON, AZ 85710 _____
Business Phone: (520)886-6321 _____

Renewal 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# 10103525 Renew? _____Yes_____No
Status: Active Status Date: 11/15/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1450 _____
68 W RIVER RD _____
TUCSON, AZ 85704 _____
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# 10103527 Renew? _____Yes_____No
Status: Active Status Date: 3/22/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1453 _____
1884 S CRAYCROFT RD _____
TUCSON, AZ 85711 _____
Business Phone: (520)747-3027 _____

Renewal 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# 10103528 Renew? _____Yes_____No
Status: Active Status Date: 6/21/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP#1493 _____
1925 N KOLB RD _____
TUCSON, AZ 85715 _____
Business Phone: (520)546-5135 _____

Renewal 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# 10103529 Renew? _____Yes_____No
Status: Active Status Date: 1/27/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIK TRIP # 1452 _____
5151 E SPEEDWAY BLVD _____
TUCSON, AZ 85711 _____
Business Phone: (520)325-3047 _____

Renewal 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# 10103530 Renew? _____Yes_____No
Status: Active Status Date: 12/15/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1490 _____
2345 E IRVINGTON RD _____
TUCSON, AZ 85714 _____
Business Phone: (520)294-3446 _____

Renewal 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# 10103536 Renew? _____Yes_____No
Status: Active Status Date: 6/20/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP # 1456 _____
5565 W CORTARO FARMS RD _____
TUCSON, AZ 85742 _____
Business Phone: (520)744-0844 _____

Renewal 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# 10103543 Renew? _____Yes_____No
Status: Active Status Date: 9/2/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIK TRIP #1492 _____
1425 W GRANT RD _____
TUCSON, AZ 85745 _____
Business Phone: (520)624-4482 _____

Renewal 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# 10103591 Renew? _____Yes_____No
Status: Active Status Date: 4/1/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1470 _____
1375 W AJO WAY _____
TUCSON, AZ 85713 _____
Business Phone: (520)741-1776 _____

Renewal 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# 10103601 Renew? _____Yes_____No
Status: Active Status Date: 10/13/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1487 _____
10230 E GOLF LINKS RD _____
TUCSON, AZ 85730 _____
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# 10103603 Renew? _____Yes_____No
Status: Active Status Date: 4/4/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1454 _____
2802 N 1ST AVE _____
TUCSON, AZ 85719 _____
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# 10103605 Renew? _____Yes_____No
Status: Active Status Date: 2/17/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1496 _____
6385 E GOLF LINKS RD _____
TUCSON, AZ 85711 _____
Business Phone: (520)790-0082 _____

Renewal 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# 10103614 Renew? _____Yes_____No
Status: Active Status Date: 6/14/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1475 _____
11045 N ORACLE RD _____
ORO VALLEY, AZ 85737 _____
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# 10103639 Renew? _____Yes_____No
Status: Active Status Date: 8/14/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1479 _____
3636 N CRAYCROFT RD _____
TUCSON, AZ 85750 _____
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# 10103647 Renew? _____Yes_____No
Status: Active Status Date: 10/18/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1461 _____
1401 S ALVERNON WAY _____
TUCSON, AZ 85711 _____
Business Phone: (520)514-0464 _____

Renewal 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# 10103653 Renew? _____Yes_____No
Status: Active Status Date: 3/7/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1476 _____
8530 E BROADWAY BLVD _____
TUCSON, AZ 85710 _____
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# 10103656 Renew? _____Yes_____No
Status: Active Status Date: 3/7/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1483 _____
3390 W INA RD _____
TUCSON, AZ 85741 _____
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# 10103709 Renew? _____Yes_____No
Status: Inactive Status Date: 4/14/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #1468 _____
2680 W RUTHRAUFF RD _____
TUCSON, AZ 85705 _____
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# 10103710 Renew? _____Yes_____No
Status: Inactive Status Date: 11/3/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP # 1464 _____
3200 N ORACLE RD _____
TUCSON, AZ 85705 _____
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# 10103733 Renew? _____Yes_____No
Status: Active Status Date: 3/25/2015

License Inactive? _____Yes_____No

Agent: TROY CHARLES DEVOS

Location: QUIKTRIP #1463
6520 S I19 FRONTAGE RD
TUCSON, AZ 85743

Business Phone:

Changes:(may require additional Filing)
_____
_____
_____
_____
_____

Renewal 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

**RJ150129**

AMANI H HAMAD
SONORA MARKET LLC
SONORA MARKET
3050 E 36TH ST
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100257         Renew? ______Yes_____No
Status:   Active           Status Date:     6/7/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMANI H HAMAD                 ___________________
Location: SONORA MARKET                 ___________________
          3050 E 36TH ST                ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)623-8290       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

# STATE OF ARIZONA
# DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

**RJ150130**

ANDREA DAHLMAN LEWKOWITZ
MIRAVAL RESORT ARIZONA OPERATING CO INC
MIRAVAL RAINDANCE PASS
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103726         Renew? ______Yes_____No
Status:   Active           Status Date:     10/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: MIRAVAL RAINDANCE PASS        ___________________
          5000 E VIA ESTANCIA MIRAVAL   ___________________
          TUCSON, AZ 85739              ___________________
Business Phone:     (520)825-4000       __________

Renewal 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

**RJ150131**

THOMAS ROBERT AGUILERA
ARTZSTARZ LLC
GASPROCO
5809 N PLACITA ESPLENDORA
TUCSON AZ 85718

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103730         Renew? ______Yes_____No
Status:   Active           Status Date:     1/29/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT AGUILERA        ___________________
Location: GASPROCO                      ___________________
          3002 S 6TH AVE                ___________________
          SOUTH TUCSON, AZ 85713        ___________________
Business Phone:     (520)344-8722       __________

Renewal 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

**RJ150132**

AJAY GUPTA
7-ELEVEN #17766 D
5415 E HIGH ST # 200
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100177         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: 7-ELEVEN #17766 D             _________________
          1750 E SPEEDWAY               _________________
          TUCSON, AZ 85719              _________________
Business Phone:     (520)326-5271       __________

Renewal 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#  10103479         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: 7-ELEVEN #21814C              _________________
          885 E 22ND ST                 _________________
          TUCSON, AZ 85713              _________________
Business Phone:     (520)623-5253       __________

Renewal 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

**RJ150133**

KEVIN ARNOLD KRAMBER
AMVETS POST 770
AMVETS POST 770
536 E WAGON BLUFF DR
TUCSON AZ 85704

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

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| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14103017         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN ARNOLD KRAMBER          ___________________
Location: AMVETS POST 770               ___________________
          3015 S KINNEY RD              ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)883-6304       __________

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

**RJ150134**

NIL KAY
DONUT WHEEL INC
LIQUOR DAN
6121 S 6TH AVE
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100216         Renew? ______Yes_____No
Status:   Active           Status Date:     5/31/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NIL  KAY                      _________________
Location: LIQUOR DAN                    _________________
          6121 S 6TH AVE                _________________
          TUCSON, AZ 85706              _________________
Business Phone:     (520)294-4313       __________

Renewal 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

**RJ150135**

SANJAY VINUBHAI PATEL
JAY GAYATRI INC
MI RANCHITO R & D MARKET
5301 S PARK
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103297         Renew? ______Yes_____No
Status:   Active           Status Date:     10/3/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANJAY VINUBHAI PATEL         ___________________
Location: MI RANCHITO R & D MARKET      ___________________
          5301 S PARK AVE               ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)807-6382       __________

Renewal 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

**RJ150136**

WILLING YING TAK CHENG
G & L IMPORT- EXPORT CORP
G & L IMPORT- EXPORT CORP
4828 E 22ND ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103517         Renew? ______Yes_____No
Status:   Active           Status Date:     1/29/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLING YING TAK CHENG        _________________
Location: G & L IMPORT- EXPORT CORP     _________________
          4828 E 22ND ST                _________________
          TUCSON, AZ 85711              _________________
Business Phone:     (520)790-9016       __________

Renewal 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

**RJ150137**

DILSHAD SABAH
MAUI MART LLC
MAUI MART
3308 E GRANT RD
TUCSON AZ 85716

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103734         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DILSHAD  SABAH                _________________
Location: MAUI MART                     _________________
          3310 E GRANT RD               _________________
          TUCSON, AZ 85716              _________________
Business Phone:     (520)881-1600       __________

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

**RJ150138**

ROGER SCOTT TAMIETTI
STATION 2 INC
STATION 2 INC
2264 E BENSON HWY
TUCSON AZ 85714

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14100054         Renew? ______Yes_____No
Status:   Active           Status Date:     10/20/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROGER SCOTT TAMIETTI          ___________________
Location: STATION 2 INC                 ___________________
          2264 E BENSON HWY             ___________________
          TUCSON, AZ 85714              ___________________
Business Phone:     (520)889-2831       __________

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

**RJ150139**

DEUK JAE YOON
22ND ST LIQUORS INC
22ND ST LIQUORS
5174 E 22ND ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100185         Renew? ______Yes_____No
Status:   Active           Status Date:     10/11/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEUK JAE YOON                 ___________________
Location: 22ND ST LIQUORS               ___________________
          5174 E 22ND ST                ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)747-4381       __________

Renewal 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

**RJ150140**

SANJAY VINUBHAI PATEL
NILPA INC
R & D MARKET
7280 S 12TH AVE
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103156         Renew? ______Yes_____No
Status:   Active           Status Date:     4/13/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANJAY VINUBHAI PATEL         _________________
Location: R & D MARKET                  _________________
          7280 S 12TH AVE               _________________
          TUCSON, AZ 85706              _________________
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

**RJ150141**

NASHWAN ABO
SAGUARO EXPRESS LIQUOR INC
SAGUARO EXPRESS
1051 S CRAYCROFT
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100169         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NASHWAN  ABO                  ___________________
Location: SAGUARO EXPRESS               ___________________
          1051 S CRAYCROFT RD           ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)514-5581       __________

Renewal 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

**RJ150142**

BINH LE QUANG
WALTER'S MARKET LLC
WALTER'S MARKET
4425 S 6TH AVE
TUCSON AZ 85714

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103114         Renew? ______Yes_____No
Status:   Active           Status Date:     7/23/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BINH LE QUANG                 _________________
Location: WALTER'S MARKET               _________________
          4425 S 6TH AVE                _________________
          TUCSON, AZ 85714              _________________
Business Phone:     (520)294-8482       __________

Renewal 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

**RJ150143**

HARVEY L HOWELL
K OF C BLDG ASSOC
K OF C COUNCIL #1200
601 S TUCSON
TUCSON AZ 85716

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100040         Renew? ______Yes_____No
Status:   Active           Status Date:     11/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HARVEY L HOWELL               _________________
Location: K OF C COUNCIL #1200          _________________
          601 S TUCSON                  _________________
          TUCSON, AZ 85716              _________________
Business Phone:     (520)795-1200       __________

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

**RJ150144**

DENNIS WAYNE PURDON
ROBLES CO INC
ROBLES MARKET
15150 W AJO HWY
TUCSON AZ 85735

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103012         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENNIS WAYNE PURDON           ___________________
Location: ROBLES MARKET                 ___________________
          15150 W AJO WY                ___________________
          TUCSON, AZ 85735              ___________________
Business Phone:     (520)822-2545       __________

Renewal 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

**RJ150145**

KULDIP SINGH SAHOTA
SAHOTA INC
7-ELEVEN #13048G
5415 E HIGH ST #200
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103518         Renew? ______Yes_____No
Status:   Active           Status Date:     3/2/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KULDIP SINGH SAHOTA           ___________________
Location: 7-ELEVEN #13048G              ___________________
          5457 E PIMA ST                ___________________
          TUCSON, AZ 85712              ___________________
Business Phone:     (520)323-2181       __________

Renewal 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#  10103602         Renew? ______Yes_____No
Status:   Active           Status Date:     2/15/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KULDIP SINGH SAHOTA           ___________________
Location: 7-ELEVEN #17426H              ___________________
          4661 E SKYLINE DR             ___________________
          TUCSON, AZ 85718              ___________________
Business Phone:     (520)299-3711       __________

Renewal 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

**RJ150146**

CLARE HOLLIE ABEL
SAM'S WEST INC
SAM'S CLUB #6692
702 SW 8TH ST
BENTONVILLE AR 72716-0500

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100013         Renew? ______Yes_____No
Status:   Active           Status Date:     5/6/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: SAM'S CLUB #6692              ___________________
          4701 N STONE AVE              ___________________
          TUCSON, AZ 85704              ___________________
Business Phone:     (520)292-9789       __________

Renewal 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

**RJ150147**

DANIEL WALTER RYAN
RYCO DEVELOPMENT CORP
HANSON'S GOOD TO GO
P O BOX 12687
TUCSON AZ 85732

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103098         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL WALTER RYAN            ___________________
Location: HANSON'S GOOD TO GO           ___________________
          6295 E 22ND                   ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)917-2111       __________

Renewal 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#  10103584         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL WALTER RYAN            ___________________
Location: HANSON'S GOOD TO GO           ___________________
          1715 W IRVINGTON RD           ___________________
          TUCSON, AZ 85746              ___________________
Business Phone:     (520)647-2905       __________

Renewal 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

**RJ150148**

OMHAR EDGARDO ACUNA
CORDON DISTRIBUTORS LLC
CORDON DISTRIBUTORS
6260 N TRAVEL CENTER DR #K-3
MARANA AZ 85741

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  04103026         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    OMHAR EDGARDO ACUNA           ___________________
Location: CORDON DISTRIBUTORS           ___________________
          6260 N TRAVEL CENTER DR #K-3   ___________________
          MARANA, AZ 85741              ___________________
Business Phone:     (520)461-2326       __________

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

**RJ150149**

KULDIP SINGH SAHOTA
B H S SAHOTA LLC
PARK DELI & LIQUORS
3780 S PARK AVE
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100240         Renew? ______Yes_____No
Status:   Active           Status Date:     1/24/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KULDIP SINGH SAHOTA           ___________________
Location: PARK DELI & LIQUORS           ___________________
          3780 S PARK AVE               ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)884-5962       __________

Renewal 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

**RJ150150**

RAJI NAJI BARAKAT
PATEL OPERATIONS INC
QUICK STOP MARKET
8331 N MAMMOTH DR
TUCSON AZ 85743

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103237         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAJI NAJI BARAKAT             ___________________
Location: QUICK STOP MARKET             ___________________
          1002 W CONGRESS ST            ___________________
          TUCSON, AZ 85745              ___________________
Business Phone:     (520)623-5800       __________

Renewal 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

**RJ150151**

NICHOLAS CARL GUTTILLA
ALLIANCE BEVERAGE DISTRIBUTING CO LLC
ALLIANCE BEVERAGE DISTRIBUTING COMPANY
1115 N 47TH AVE
PHOENIX AZ 85043

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  04103023         Renew? ______Yes_____No
Status:   Active           Status Date:     1/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: ALLIANCE BEVERAGE DISTRIBUTING COMPANY___________________
          3535 E COLUMBIA               ___________________
          TUCSON, AZ 85714              ___________________
Business Phone:     (520)903-3600       __________

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

**RJ150152**

RANDY D NATIONS
GASTRAK OF LUKEVILLE LLC
GASTRAK OF LUKEVILLE
PO BOX 2502
CHANDLER AZ 85244

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103667         Renew? ______Yes_____No
Status:   Active           Status Date:     12/18/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: GASTRAK OF LUKEVILLE          ___________________
          205 N HWY 85                  ___________________
          LUKEVILLE, AZ 85341           ___________________
Business Phone:     (520)387-5507       __________

Renewal 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

**RJ150153**

THOMAS ROBERT AGUILERA
PASCUA YAQUI TRIBE
DEL SOL MARKETPLACE
4554 E CAMP LOWELL DR
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100170         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT AGUILERA        ___________________
Location: DEL SOL MARKETPLACE           ___________________
          5405 W VALENCIA RD            ___________________
          TUCSON, AZ 85757              ___________________
Business Phone:     (520)838-7000       __________

Renewal 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

**RJ150154**

GHIRMAI EMAN
ASENA CORPORATION
7-ELEVEN #18602B
5415 E HIGH ST #200
C/O GUTILLA MURPHY ANDERSON
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103606         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GHIRMAI  EMAN                 ___________________
Location: 7-ELEVEN #18602B              ___________________
          1201 S AVENIDA POLAR          ___________________
          TUCSON, AZ 85710              ___________________
Business Phone:     (520)790-7216       __________

Renewal 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

**RJ150155**

SOMALY SIP
LUCKY M MARKET LLC
LUCKY M MARKET
1353 S 4TH AVE
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103487         Renew? ______Yes_____No
Status:   Active           Status Date:     12/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SOMALY  SIP                   ___________________
Location: LUCKY M MARKET                ___________________
          1353 S 4TH AVE                ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)882-2914       __________

Renewal 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

**RJ150156**

MARIA TEREZA GARCIA
LITTLE STORE LLC
LITTLE STORE
P O BOX 370
SAHUARITA AZ 85629

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103646         Renew? ______Yes_____No
Status:   Active           Status Date:     3/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA TEREZA GARCIA           ___________________
Location: LITTLE STORE                  ___________________
          6225 W WRANGLER               ___________________
          SAHUARITA, AZ 85629           ___________________
Business Phone:     (520)625-9255       __________

Renewal 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

**RJ150157**

SETH GABRIEL JONES
AMERICAN LEGION #109
AMERICAN LEGION #109
15921 S HOUGHTON RD
CORONA AZ 85641

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14101009         Renew? ______Yes_____No
Status:   Active           Status Date:     10/31/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SETH GABRIEL JONES            ___________________
Location: AMERICAN LEGION #109          ___________________
          15921 S HOUGHTON RD           ___________________
          CORONA, AZ 85641              ___________________
Business Phone:     (520)762-5652       __________

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

**RJ150158**

CHASTINA LOUISE SANCHEZ
RD AMERICA LLC
RESTAURANT DEPOT
15-24 132ND ST
COLLEGE POINT NY 11356

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  04103032         Renew? ______Yes_____No
Status:   Active           Status Date:     5/22/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHASTINA LOUISE SANCHEZ       ___________________
Location: RESTAURANT DEPOT              ___________________
          601 W 22ND ST                 ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)882-4840       __________

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

**RJ150159**

CHRISTOPHER BRIAN DUDDING
THREE WELLS DISTILLING COMPANY
THREE WELLS DISTILLING COMPANY
16700 S THREE WELLS CT
SAHUARITA AZ 85629

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  18103003         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTOPHER BRIAN DUDDING     ___________________
Location: THREE WELLS DISTILLING COMPANY___________________
          3780 E 44TH ST #120           ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)248-8345       __________

Renewal Fees:
     License Renewal:                  300.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            370.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

# STATE OF ARIZONA
# DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

**RJ150160**

ABDUL KAREEM HAKEEM
MARKET FRIENDLY LLC
MARKET FRIENDLY
3701 E GRANT ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103704         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ABDUL KAREEM HAKEEM           ___________________
Location: MARKET FRIENDLY               ___________________
          3701 E GRANT RD               ___________________
          TUCSON, AZ 85716              ___________________
Business Phone:     (520)326-6074       __________

Renewal 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

**RJ150161**

AMAR JYOT SINGH KOHLI
VALENCIA VENTURE LLC
ARCO AM-PM
3159 W BUCKEYE RD
PHOENIX AZ 85009

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103660         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMAR JYOT SINGH KOHLI         ___________________
Location: ARCO AM-PM                    ___________________
          2450 E VALENCIA RD            ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)294-2336       __________

Renewal 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

**RJ150162**

NICHOLAS CARL GUTTILLA
7-ELEVEN INC
7-ELEVEN #24418D
5415 E HIGH ST #200
C/O GUTILLA MURPHY ANDERSON
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103786         Renew? ______Yes_____No
Status:   Active           Status Date:     7/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: 7-ELEVEN #24418D              ___________________
          4295 E 29TH ST                ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)747-8433       __________

Renewal 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

**RJ150163**

STEVEN FRANCIS ASP
CATALINA MOUNTAIN ELKS LODGE NO 2815 BENEVOLENT & PROTECTIVE
CATALINA MOUNTAIN ELKS LODGE #2815
P O BOX 8742
TUCSON AZ 85738

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14103015         Renew? ______Yes_____No
Status:   Active           Status Date:     1/25/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN FRANCIS ASP            ___________________
Location: CATALINA MOUNTAIN ELKS LODGE #2815_________________
          16045 N ORACLE RD             ___________________
          TUCSON, AZ 85739              ___________________
Business Phone:     (520)825-0893       __________

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

**RJ150164**

JOSE PEDRO ZAPATA
MKG CORPORATION
BEVERAGE STORE
1866 S COUNTRY CLUB RD
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100253         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE PEDRO ZAPATA             ___________________
Location: BEVERAGE STORE                ___________________
          1866 S COUNTRY CLUB RD        ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)881-3260       __________

Renewal 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

**RJ150165**

THOMAS F GEE
LIQUOR EXPRESS INC
LIQUOR EXPRESS
4940 S PARK AVE
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100113         Renew? ______Yes_____No
Status:   Active           Status Date:     12/23/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS F GEE                  ___________________
Location: LIQUOR EXPRESS                ___________________
          5402 S 12TH AVE               ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)889-0160       __________

Renewal 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#  09100118         Renew? ______Yes_____No
Status:   Active           Status Date:     12/23/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS F GEE                  ___________________
Location: LIQUOR EXPRESS                ___________________
          4940 S PARK AVE               ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)294-3485       __________

Renewal 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

**RJ150166**

MENG TRUONG
LEE LEE ORIENTAL SUPERMART INC
LEE LEE ORIENTAL SUPERMART
2025 N DOBSON RD
CHANDLER AZ 85224

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103722         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MENG  TRUONG                  ___________________
Location: LEE LEE ORIENTAL SUPERMART    ___________________
          1990 W ORANGE GROVE           ___________________
          TUCSON, AZ 85704              ___________________
Business Phone:     (520)638-8328       __________

Renewal 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

**RJ150167**

AARON GREEN SNOWDEN
BEAU BRUMMEL CLUB INC
BEAU BRUMMEL CLUB
P O BOX 86532
TUCSON AZ 85754

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100049         Renew? ______Yes_____No
Status:   Active           Status Date:     11/17/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AARON GREEN SNOWDEN           ___________________
Location: BEAU BRUMMEL CLUB             ___________________
          1148 N MAIN AVE               ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)622-9673       __________

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

**RJ150168**

RANDY D NATIONS
SF MARKETS LLC (FN)
SPROUTS FARMERS MARKET #11
P O BOX 2502
CHANDLER AZ 85244

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103668         Renew? ______Yes_____No
Status:   Active           Status Date:     12/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SPROUTS FARMERS MARKET #11    ___________________
          7665 N ORACLE RD              ___________________
          ORO VALLEY, AZ 85737          ___________________
Business Phone:     (520)297-5446       __________

Renewal 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

**RJ150169**

HUNG KIEN MA
ABC MARKET
2710 S PARK AVE
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103104         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ABC MARKET                    _________________
          2710 S PARK AVE               _________________
          TUCSON, AZ 85713              _________________
Business Phone:     (520)622-4054       __________

Renewal 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

**RJ150170**

PATRICK JOSEPH PAUL
HAGGEN OPCO SOUTH LLC
HAGGEN
2211 RIMLAND DR
BELLINGHAM WA 98226

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 09100137 Renew? _____Yes_____No
Status: Active Status Date: 8/31/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: PATRICK JOSEPH PAUL _____
Location: HAGGEN _____
8740 E BROADWAY RD _____
TUCSON, AZ 85710 _____
Business Phone: (520)885-1617 _____

Renewal 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# 09100181 Renew? _____Yes_____No
Status: Active Status Date: 8/31/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: PATRICK JOSEPH PAUL _____
Location: HAGGEN _____
10380 E BROADWAY BLVD _____
TUCSON, AZ 85748 _____
Business Phone: (520)546-3929 _____

Renewal 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# 09100195 Renew? _____Yes_____No
Status: Active Status Date: 8/31/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: PATRICK JOSEPH PAUL _____
Location: HAGGEN _____
1350 N SILVERBELL RD _____
TUCSON, AZ 85745 _____
Business Phone: (520)623-7449 _____

Renewal 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

**RJ150171**

JAMES EDWIN SMITH
V F W #1208
V F W #1208
957 E ALVORD RD
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100019         Renew? ______Yes_____No
Status:   Inactive         Status Date:     6/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES EDWIN SMITH             ___________________
Location: V F W #1208                   ___________________
          2308 S PARK AVE               ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)622-9831       __________

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

**RJ150172**

CHRISTOPHER WILLIAM CLEMENTS
GOLDEN EAGLE DISTRIBUTORS INC
GOLDEN EAGLE DISTRIBUTORS
705 E AJO WAY
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  04100002         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTOPHER WILLIAM CLEMENTS  ___________________
Location: GOLDEN EAGLE DISTRIBUTORS     ___________________
          705 E AJO WAY                 ___________________
          TUCSON, AZ 85713              ___________________
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

**RJ150173**

HIEN DUC NGUYEN
HILLTOP MARKET LLC
HILLTOP MARKET
6282 E 35TH ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100172         Renew? ______Yes_____No
Status:   Active           Status Date:     1/29/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HIEN DUC NGUYEN               ___________________
Location: HILLTOP MARKET                ___________________
          1843 W AJO WY                 ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)883-1900       __________

Renewal 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

**RJ150174**

ATIYEH IBRAHIM INNABI
PICTURE ROCKS POST INC
WAGON WHEEL POST GENERAL STORE
6803 N SANDARIO RD
TUCSON AZ 85743

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100199         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ATIYEH IBRAHIM INNABI         ___________________
Location: WAGON WHEEL POST GENERAL STORE_________________
          6803 N SANDARIO RD            ___________________
          TUCSON, AZ 85743              ___________________
Business Phone:     (520)682-8223       __________

Renewal 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

**RJ150175**

LAILA INNABI
SAHARA LIQUOR LLC
J'S WEST SIDE LIQUOR
1310 W SPEEDWAY BLVD
TUCSON AZ 85745

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100096         Renew? ______Yes_____No
Status:   Active           Status Date:     10/27/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAILA  INNABI                 _________________
Location: J'S WEST SIDE LIQUOR          _________________
          1310 W SPEEDWAY BLVD          _________________
          TUCSON, AZ 85745              _________________
Business Phone:     (520)777-4700       __________

Renewal 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

**RJ150176**

VERNA ASUTOSH PATEL
CHIRAG VERNA ENTERPRISES INC
7-ELEVEN #17403E
C/O GUTILLA MURPHY ANDERSON
5415 E HIGH ST #200
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103488         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VERNA ASUTOSH PATEL           ___________________
Location: 7-ELEVEN #17403E              ___________________
          1080 N COLUMBUS BLVD          ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)323-7025       __________

Renewal 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

**RJ150177**

MAHMOUD LUTFI ABDULHALIM
MJDB LLC
OUR LIQUORS
11255 N PLATTE DR
TUCSON AZ 85737

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100018         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAHMOUD LUTFI ABDULHALIM      _________________
Location: OUR LIQUORS                   _________________
          1116 W ST MARYS RD            _________________
          TUCSON, AZ 85745              _________________
Business Phone:     (520)903-3111       __________

Renewal 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

**RJ150178**

BOO IL CHUNG
VALENCIA CWL LLC
VALENCIA MARKET
330 W 29TH ST
SOUTH TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100123         Renew? ______Yes_____No
Status:   Active           Status Date:     11/1/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BOO IL CHUNG                  ___________________
Location: VALENCIA MARKET               ___________________
          330 W 29TH ST                 ___________________
          SOUTH TUCSON, AZ 85713        ___________________
Business Phone:     (520)624-3330       __________

Renewal 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

**RJ150179**

EDWIN TATUM MYLES
ALASKA AIRLINES INC
ALASKA AIRLINES
PO BOX 68900 SEADH
SEATTLE WA 98198

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  08103001         Renew? ______Yes_____No
Status:   Active           Status Date:     7/23/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWIN TATUM MYLES             ___________________
Location: ALASKA AIRLINES               ___________________
          7250 S TUCSON BLVD            ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)573-4775       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

# STATE OF ARIZONA
# DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

**RJ150180**

RANDY D NATIONS
BODEGA LATINA CORPORATION
EL SUPER #10
P O BOX 2502
CHANDLER AZ 85244

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100189         Renew? ______Yes_____No
Status:   Active           Status Date:     5/15/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: EL SUPER #10                  ___________________
          3372 S 6TH AVE                ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)300-7610       __________

Renewal 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

**RJ150181**

PHILIP A FATATO
BELLA LUNA BEVERAGES LLC
BELLA LUNA BEVERAGES
9079 E BERKSHIRE PL
TUCSON AZ 85710

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  04103029         Renew? ______Yes_____No
Status:   Active           Status Date:     9/28/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILIP A FATATO               ___________________
Location: BELLA LUNA BEVERAGES          ___________________
          4850 E SPEEDWAY               ___________________
          TUCSON, AZ 85712              ___________________
Business Phone:     (520)954-5990       __________

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

**RJ150182**

MYRON CHARLES SEULEAN, JR.
MRL LLC
MAGEE ROAD LIQUORS
12440 N MT BIGELOW RD
ORO VALLEY AZ 85737

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100006         Renew? ______Yes_____No
Status:   Active           Status Date:     1/12/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MYRON CHARLES SEULEAN, JR.    __________________
Location: MAGEE ROAD LIQUORS            __________________
          6074 N ORACLE RD              __________________
          TUCSON, AZ 85704              __________________
Business Phone:     (520)297-9113       __________

Renewal 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

**RJ150183**

JASON BARCLAY MORRIS
GERMAN DOBSON CVS LLC
CVS PHARMACY #10307
2525 E ARIZONA BILTMORE CIR #A-212
PHOENIX AZ 85016

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 09100132 Renew? _____Yes_____No
Status: Active Status Date: 10/18/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS PHARMACY #10307 _____
6310 E BROADWAY BLVD _____
TUCSON, AZ 85710 _____
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# 09100261 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS PHARMACY #10184 _____
825 E UNIVERSITY BLVD _____
TUCSON, AZ 85719 _____
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# 09100262 Renew? _____Yes_____No
Status: Active Status Date: 3/21/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #10006 _____
10650 N ORACLE RD _____
ORO VALLEY, AZ 85737 _____
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# 09100265 Renew? _____Yes_____No
Status: Active Status Date: 1/30/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #07867 _____
5100 E GRANT RD _____
TUCSON, AZ 85712 _____
Business Phone: (520)323-0012 _____

Renewal 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# 09104003 Renew? _____Yes_____No
Status: Active Status Date: 11/8/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #07841 _____
4365 N ORACLE RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)407-2127 _____

Renewal 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# 09104004 Renew? _____Yes_____No
Status: Active Status Date: 11/8/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #07855 _____
2601 S HOUGHTON RD _____
TUCSON, AZ 85730 _____
Business Phone: (520)751-8523 _____

Renewal 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# 09105002 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 #07859 _____
6370 N CAMPBELL #120 _____
TUCSON, AZ 85718 _____
Business Phone: (520)299-7390 _____

Renewal 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# 09105003 Renew? _____Yes_____No
Status: Active Status Date: 4/2/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #8420 _____
7740 N CORTARO RD _____
TUCSON, AZ 85743 _____
Business Phone: (520)579-9918 _____

Renewal 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

**RJ150184**

BARBARA ANN KIBLER
MEXICANO LLC
ROCKY POINT DRIVE THRU
120 S HOUGHTON RD SUITE 138-253
TUCSON AZ 85748

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100214         Renew? ______Yes_____No
Status:   Active           Status Date:     7/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BARBARA ANN KIBLER            ___________________
Location: ROCKY POINT DRIVE THRU        ___________________
          2526 W VALENCIA RD            ___________________
          TUCSON, AZ 85746              ___________________
Business Phone:     (520)578-2228       __________

Renewal 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

**RJ150185**

PHILIP JESSE GREEN, SR.
OB SPORTS GOLF MANAGEMENT (STONE CANYON) LLC
STONE CANYON CLUB
7025 E GREENWAY PKWY STE 550
SCOTTSDALE AZ 85254

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14103027         Renew? ______Yes_____No
Status:   Active           Status Date:     9/26/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILIP JESSE GREEN, SR.       ___________________
Location: STONE CANYON CLUB             ___________________
          14200 N HOHOKAM VILLAGE PL    ___________________
          ORO VALLEY, AZ 85737          ___________________
Business Phone:     (520)219-1500       __________

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

**RJ150186**

DONNA ELLEN DEROSIA
DEROSIA|DONNA JTWROS
KESTREL KAFE & MARKET
10390 S SIERRITA MTN RD
TUCSON AZ 85736

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103045         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONNA ELLEN DEROSIA           ___________________
Location: KESTREL KAFE & MARKET         ___________________
          10390 S SIERRITA MTN RD       ___________________
          TUCSON, AZ 85736              ___________________
Business Phone:     (520)822-1714       __________

Renewal 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

**RJ150187**

YE SUK SO
SPC SO CORPORATION
SANDYI ORIENTAL MARKET
4270 W PIMA ST
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103190         Renew? ______Yes_____No
Status:   Active           Status Date:     2/8/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    YE SUK SO                     _________________
Location: SANDYI ORIENTAL MARKET        _________________
          4270 E PIMA ST                _________________
          TUCSON, AZ 85712              _________________
Business Phone:     (520)320-0389       __________

Renewal 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

**RJ150188**

JAMES EDWARD SANFORD
TUCSON LODGE NO 385, BENEVOLENT & PROTECTIVE ORDER OF ELKS
ELKS 385
1800 N ORACLE RD
TUCSON AZ 85705-6445

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14103014         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES EDWARD SANFORD          _________________
Location: ELKS 385                      _________________
          1800 N ORACLE RD              _________________
          TUCSON, AZ 85705              _________________
Business Phone:     (520)299-5105       __________

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

**RJ150189**

THOMAS ROBERT AGUILERA
SAMBO LLC
CHIHUAHUA MARKET
4554 E CAMP LOWELL DR
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100116         Renew? ______Yes_____No
Status:   Active           Status Date:     8/25/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT AGUILERA        ___________________
Location: CHIHUAHUA MARKET              ___________________
          4870 S 12TH AVE               ___________________
          TUCSON, AZ 85714              ___________________
Business Phone:     (520)807-9490       __________

Renewal 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

**RJ150190**

KIM KENNETH KWIATKOWSKI
CIRCLE K STORES INC
CIRCLE K STORE #8514
LICENSING DC-36
P O BOX 52085
PHOENIX AZ 85072

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

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License# 09100029 Renew? _____Yes_____No
Status: Active Status Date: 10/10/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #8514 _____
13961 N SANDARIO RD _____
MARANA, AZ 85653 _____
Business Phone: (520)682-3100 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100038 Renew? _____Yes_____No
Status: Pending Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #31 _____
1602 S CRAYCROFT RD _____
TUCSON, AZ 85711 _____
Business Phone: (520)790-4656 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100039 Renew? _____Yes_____No
Status: Active Status Date: 2/10/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #779 _____
1990 N LA CANADA _____
GREEN VALLEY, AZ 85614 _____
Business Phone: (602)437-0600 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100040 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 #1582 _____
2351 N ALVERNON WAY _____
TUCSON, AZ 85712 _____
Business Phone: (520)323-6495 _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100041 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 #88 _____
6485 E GOLF LINKS RD _____
TUCSON, AZ 85730 _____
Business Phone: (520)747-5946 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100042 Renew? _____Yes_____No
Status: Active Status Date: 12/29/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #8510 _____
3712 CORTARO FARMS RD _____
TUCSON, AZ 85742 _____
Business Phone: (602)437-0600 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100043 Renew? _____Yes_____No
Status: Active Status Date: 3/3/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #8772 _____
1735 W SPEEDWAY BLVD _____
TUCSON, AZ 85745 _____
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

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License# 09100044 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 #99 _____
2750 N TUCSON BLVD _____
TUCSON, AZ 85716 _____
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

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License# 09100045 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 #1789 _____
9000 CAMINO DE OESTE _____
TUCSON, AZ 85742 _____
Business Phone: (520)744-3598 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100046 Renew? _____Yes_____No
Status: Active Status Date: 12/17/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1606 _____
5680 S MISSION ROAD _____
TUCSON, AZ 85706 _____
Business Phone: (520)883-9076 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100047 Renew? _____Yes_____No
Status: Active Status Date: 3/3/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1557 _____
15 S HARRISON RD _____
TUCSON, AZ 85748 _____
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

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License# 09100048 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 #1848 _____
10 W FORT LOWELL RD _____
TUCSON, AZ 85705 _____
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

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License# 09100049 Renew? _____Yes_____No
Status: Active Status Date: 1/25/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5579 _____
655 W 22ND ST _____
TUCSON, AZ 85713 _____
Business Phone: (520)798-3214 _____

Renewal Fees:

| | |
|---|---|
| License Renewal: | 50.00 |
| ARS 4-209 K Sur-Charge: | 35.00 |
| ARS 4-209 L Sur-Charge: | 35.00 |
| Total: | 120.00 |

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License# 09100050 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 #166 _____
130 E SPEEDWAY BLVD _____
TUCSON, AZ 85705 _____
Business Phone: (520)624-0919 _____

Renewal Fees:

| | |
|---|---|
| License Renewal: | 50.00 |
| ARS 4-209 K Sur-Charge: | 35.00 |
| ARS 4-209 L Sur-Charge: | 35.00 |
| Total: | 120.00 |

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License# 09100051 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 #1793 _____
8702 E SPEEDWAY BLVD _____
TUCSON, AZ 85710 _____
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 |

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License# 09100052 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 #1953 _____
1395 W MIRACLE MILE RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)798-1059 _____

Renewal Fees:

| | |
|---|---|
| License Renewal: | 50.00 |
| ARS 4-209 K Sur-Charge: | 35.00 |
| ARS 4-209 L Sur-Charge: | 35.00 |
| Total: | 120.00 |

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License# 09100053 Renew? _____Yes_____No
Status: Active Status Date: 10/18/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3424 _____
5502 S SPEEDWAY BLVD _____
TUCSON, AZ 85712 _____
Business Phone: (520)514-0644 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100054 Renew? _____Yes_____No
Status: Active Status Date: 3/3/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #8511 _____
8780 N ORACLE RD _____
ORO VALLEY, AZ 85704 _____
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

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License# 09100055 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 #483 _____
1785 W PRINCE RD _____
TUCSON, AZ 85705 _____
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

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License# 09100056 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 #8744 _____
9515 E GOLF LINKS RD _____
TUCSON, AZ 85730 _____
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

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License# 09100057 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 #580  _____
5818 S PALO VERDE RD  _____
TUCSON, AZ 85706  _____
Business Phone:  (520)294-7248  _____

Renewal Fees:
License Renewal:  50.00
ARS 4-209 K Sur-Charge:  35.00
ARS 4-209 L Sur-Charge:  35.00
Total:  120.00

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License#  09100058  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 #581  _____
3065 S KINNEY RD  _____
TUCSON, AZ 85713  _____
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#  09100059  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 #719  _____
11271 E TANQUE VERDE RD  _____
TUCSON, AZ 85749  _____
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

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License#  09100060  Renew? _____Yes_____No
Status:  Active  Status Date:  3/3/1995
License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  KIM KENNETH KWIATKOWSKI  _____
Location: CIRCLE K STORE #1633  _____
8590 E 22ND ST  _____
TUCSON, AZ 85710  _____
Business Phone:  (520)296-9069  _____

Renewal Fees:
License Renewal:  50.00
ARS 4-209 K Sur-Charge:  35.00
ARS 4-209 L Sur-Charge:  35.00
Total:  120.00

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License#  09100061  Renew? _____Yes_____No
Status:  Active  Status Date:  3/3/1995
License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  KIM KENNETH KWIATKOWSKI  _____

Location: CIRCLE K STORE #795 _____
16054 N ORACLE RD _____
TUCSON, AZ 85739 _____
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

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License# 09100062 Renew? _____Yes_____No
Status: Active Status Date: 3/3/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #811 _____
4875 S PARK AVE _____
TUCSON, AZ 85714 _____
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

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License# 09100063 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 #865 _____
4605 W VALENCIA RD _____
TUCSON, AZ 85746 _____
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

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License# 09100064 Renew? _____Yes_____No
Status: Active Status Date: 3/17/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE # 3400 _____
4540 W INA RD _____
MARANA, AZ 85741 _____
Business Phone: (520)579-9522 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100065 Renew? _____Yes_____No
Status: Active Status Date: 1/9/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #8838 _____
2 N FREEWAY _____

TUCSON, AZ 85745 _____
Business Phone: (602)437-0600 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100066 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #228 _____
560 N 2ND AVE _____
AJO, AZ 85321 _____
Business Phone: (520)387-7832 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100067 Renew? _____Yes_____No
Status: Active Status Date: 3/3/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #8850 _____
4965 W AJO WAY _____
TUCSON, AZ 85746 _____
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

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License# 09100068 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 #2902 _____
7022 E SPEEDWAY _____
TUCSON, AZ 85710 _____
Business Phone: (520)721-1926 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100069 Renew? _____Yes_____No
Status: Active Status Date: 10/27/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5318 _____
7510 E 22ND ST _____
TUCSON, AZ 85710 _____
Business Phone: (520)296-9716 _____

Renewal Fees:

| | |
|---|---|
| License Renewal: | 50.00 |
| ARS 4-209 K Sur-Charge: | 35.00 |
| ARS 4-209 L Sur-Charge: | 35.00 |
| Total: | 120.00 |

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License# 09100070 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 #8594 _____
4802 N SABINO CANYON _____
TUCSON, AZ 85750 _____
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 |

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License# 09100071 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 #1946 _____
333 W GRANT RD _____
TUCSON, AZ 85705 _____
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 |

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License# 09100072 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 #492 _____
401 S ALVERNON WAY _____
TUCSON, AZ 85711 _____
Business Phone: (520)326-5992 _____

Renewal Fees:

| | |
|---|---|
| License Renewal: | 50.00 |
| ARS 4-209 K Sur-Charge: | 35.00 |
| ARS 4-209 L Sur-Charge: | 35.00 |
| Total: | 120.00 |

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License# 09100082 Renew? _____Yes_____No
Status: Active Status Date: 10/26/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1011 _____
3102 E BENSON HWY _____
TUCSON, AZ 85706 _____
Business Phone: (520)889-8778 _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

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License# 09100093 Renew? _____Yes_____No
Status: Active Status Date: 4/9/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORES #3394 _____
3880 W TANGERINE RD _____
MARANA, AZ 85653 _____
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

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License# 09100119 Renew? _____Yes_____No
Status: Active Status Date: 5/3/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3415 _____
3215 N SWAN RD _____
TUCSON, AZ 85712 _____
Business Phone: (520)795-1017 _____

Renewal 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# 09100121 Renew? _____Yes_____No
Status: Active Status Date: 9/14/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1957 _____
6700 E TANQUE VERDE RD _____
TUCSON, AZ 85715 _____
Business Phone: (520)298-7621 _____

Renewal 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# 09100124 Renew? _____Yes_____No
Status: Active Status Date: 8/11/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1933 _____
10290 E SPEEDWAY _____
TUCSON, AZ 85748 _____
Business Phone: (602)437-0600 _____

Renewal 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# 09100145 Renew? _____Yes_____No
Status: Active Status Date: 9/27/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #8869 _____
4160 N 1ST AVE _____
TUCSON, AZ 85719 _____
Business Phone: (520)292-1151 _____

Renewal 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# 09100152 Renew? _____Yes_____No
Status: Active Status Date: 9/27/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1140 _____
9810 S NOGALES HWY _____
TUCSON, AZ 85706 _____
Business Phone: (520)294-2450 _____

Renewal 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# 09100153 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3439 _____
4701 E 22ND ST _____
TUCSON, AZ 85711 _____
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# 09100188 Renew? _____Yes_____No
Status: Active Status Date: 8/7/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #0517 _____
3155 N ALVERNON WAY _____
TUCSON, AZ 85712 _____
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# 09100198 Renew? _____Yes_____No
Status: Active Status Date: 4/1/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #6470 _____
5365 N LA CHOLLA BLVD _____
TUCSON, AZ 85705 _____
Business Phone: (520)887-7479 _____

Renewal 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# 09100201 Renew? _____Yes_____No
Status: Active Status Date: 8/7/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1798 _____
4702 E SPEEDWAY BLVD _____
TUCSON, AZ 85712 _____
Business Phone: (520)325-0296 _____

Renewal 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# 09100211 Renew? _____Yes_____No
Status: Active Status Date: 6/15/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #0809 _____
4395 N ROMERO RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)888-6531 _____

Renewal 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# 09100224 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 #8778 _____
2880 W INA RD _____
TUCSON, AZ 85741 _____
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# 09100226 Renew? _____Yes_____No
Status: Active Status Date: 11/20/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3483 _____
2616 S MISSION RD _____
TUCSON, AZ 85713 _____
Business Phone: (520)623-3813 _____

Renewal 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# 09100227 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 #2917 _____
8909 E TANQUE VERDE RD _____
TUCSON, AZ 85749 _____
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# 09100229 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 #2915 _____
2840 W LOS REALES RD _____
TUCSON, AZ 85746 _____
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# 09100243 Renew? _____Yes_____No
Status: Active Status Date: 1/4/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1025 _____
3541 E FORT LOWELL RD _____
TUCSON, AZ 85716 _____
Business Phone: (520)795-7975 _____

Renewal 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# 09100247 Renew? _____Yes_____No
Status: Active Status Date: 2/25/2014

License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  KIM KENNETH KWIATKOWSKI  _____
Location: CIRCLE K STORE #8648  _____
977 E SPEEDWAY BLVD  _____
TUCSON, AZ 85719  _____
Business Phone:  (520)437-0600  _____

Renewal 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#  09100258  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 #805  _____
3655 S KOLB RD  _____
TUCSON, AZ 85730  _____
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#  09100259  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 #260  _____
1410 W AJO WAY  _____
TUCSON, AZ 85713  _____
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#  09100266  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 #1947  _____
5501 E GOLF LINKS RD  _____
TUCSON, AZ 85711  _____
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#  09100267  Renew? _____Yes_____No
Status:  Active  Status Date:  7/14/1995
License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  KIM KENNETH KWIATKOWSKI  _____

Location: CIRCLE K STORE #1631 _____
2 W VALENCIA _____
TUCSON, AZ 85706 _____
Business Phone: (520)437-0600 _____

Renewal 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# 09103003 Renew? _____Yes_____No
Status: Active Status Date: 9/15/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2912 _____
2405 N SILVERBELL RD _____
TUCSON, AZ 85745 _____
Business Phone: (520)623-7206 _____

Renewal 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# 09103004 Renew? _____Yes_____No
Status: Active Status Date: 4/24/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2922 _____
3280 W VALENCIA RD _____
TUCSON, AZ 85746 _____
Business Phone: (520)578-1811 _____

Renewal 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# 09104000 Renew? _____Yes_____No
Status: Active Status Date: 11/8/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5537 _____
4900 W INA RD _____
MARANA, AZ 85743 _____
Business Phone: (520)744-6704 _____

Renewal 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# 09104001 Renew? _____Yes_____No
Status: Active Status Date: 8/30/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3401 _____
3128 N 1ST AVE _____

TUCSON, AZ 85719 _____
Business Phone: (520)622-2160 _____

Renewal 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# 09104002 Renew? _____Yes_____No
Status: Active Status Date: 11/8/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1773 _____
6525 S COUNTRY CLUB RD _____
TUCSON, AZ 85706 _____
Business Phone: (520)294-1020 _____

Renewal 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# 09105000 Renew? _____Yes_____No
Status: Active Status Date: 3/31/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE # 3391 _____
3301 S 6TH AVE _____
TUCSON, AZ 85713 _____
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# 09105001 Renew? _____Yes_____No
Status: Active Status Date: 9/10/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORES #3387 _____
4650 S PALO VERDE RD _____
TUCSON, AZ 85713 _____
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# 09106002 Renew? _____Yes_____No
Status: Active Status Date: 3/17/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #6469 _____
1720 W IRVINGTON ROAD _____
TUCSON, AZ 85746 _____
Business Phone: (520)573-3227 _____

Renewal 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# 09106003 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 #6770 _____
5633 W CORTARO FARMS RD _____
MARANA, AZ 85742 _____
Business Phone: (520)744-5809 _____

Renewal 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# 09107000 Renew? _____Yes_____No
Status: Active Status Date: 12/2/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3406 _____
1025 E AJO WAY _____
TUCSON, AZ 85713 _____
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# 09107001 Renew? _____Yes_____No
Status: Active Status Date: 11/12/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1635 _____
3970 N FLOWING WELLS RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)690-9785 _____

Renewal 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# 09107002 Renew? _____Yes_____No
Status: Active Status Date: 12/2/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #843 _____
6750 S CRAYCROFT RD _____
TUCSON, AZ 85706 _____
Business Phone: (520)574-0760 _____

Renewal 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# 09107003 Renew? _____Yes_____No
Status: Active Status Date: 4/21/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1634 _____
5801 N ORACLE RD _____
TUCSON, AZ 85704 _____
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# 09107004 Renew? _____Yes_____No
Status: Active Status Date: 12/2/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2907 _____
1675 N WILMOT _____
TUCSON, AZ 85712 _____
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# 10100027 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 #1520 _____
6090 S PARK AVE _____
TUCSON, AZ 85706 _____
Business Phone: (520)889-2817 _____

Renewal 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# 10100032 Renew? _____Yes_____No
Status: Active Status Date: 3/3/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #57 _____
3602 N ORACLE RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)887-4792 _____

Renewal 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# 10100065 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 #588 _____
2802 N STONE AVE _____
TUCSON, AZ 85705 _____
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# 10100078 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 #785 _____
5690 S 12TH AVE _____
TUCSON, AZ 85706 _____
Business Phone: (520)294-7305 _____

Renewal 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# 10100092 Renew? _____Yes_____No
Status: Active Status Date: 11/5/1993
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1204 _____
3700 W ORANGE GROVE RD _____
TUCSON, AZ 85741 _____
Business Phone: (520)297-4457 _____

Renewal 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# 10100093 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 #1241 _____
5301 E PIMA ST _____
TUCSON, AZ 85712 _____
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# 10100095 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 #1422 _____
2450 E GRANT RD _____
TUCSON, AZ 85719 _____
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# 10100096 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 #1449 _____
1909 E 36TH ST _____
TUCSON, AZ 85713 _____
Business Phone: (520)624-5842 _____

Renewal 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# 10100110 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 #2921 _____
3990 N STONE _____
TUCSON, AZ 85705 _____
Business Phone: (520)293-3920 _____

Renewal 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# 10100112 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 #2924 _____
5680 S CAMPBELL _____
TUCSON, AZ 85706 _____
Business Phone: (520)573-9153 _____

Renewal 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# 10100114 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 #2936 _____
4301 E PIMA ST _____
TUCSON, AZ 85712 _____
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# 10100116 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 #2939 _____
3155 E SPEEDWAY BLVD _____
TUCSON, AZ 85716 _____
Business Phone: (520)326-7162 _____

Renewal 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# 10100117 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 #2942 _____
2701 N ORACLE RD _____
TUCSON, AZ 85705 _____
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# 10100118 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 #2944 _____
1610 E 6TH ST _____
TUCSON, AZ 85719 _____
Business Phone: (520)628-8471 _____

Renewal 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# 10100119 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 #2948  _____
4301 E GRANT RD  _____
TUCSON, AZ 85712  _____
Business Phone:  (520)881-7348  _____

Renewal 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#  10100124  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 #1581  _____
2004 S 6TH AVE  _____
TUCSON, AZ 85713  _____
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#  10100132  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 #8520  _____
550 W AJO WAY  _____
TUCSON, AZ 85713  _____
Business Phone:  (520)884-0469  _____

Renewal 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#  10100135  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 #1832  _____
3393 W ORANGE GROVE RD  _____
TUCSON, AZ 85741  _____
Business Phone:  (520)575-0720  _____

Renewal 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#  10100291  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 #1944 _____
3031 E 22ND ST _____
TUCSON, AZ 85713 _____
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# 10101015 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 #1985 _____
3055 E FT LOWELL RD _____
TUCSON, AZ 85716 _____
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# 10103031 Renew? _____Yes_____No
Status: Active Status Date: 5/9/1996
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5319 _____
7900 E BROADWAY _____
TUCSON, AZ 85710 _____
Business Phone: (620)437-0600 _____

Renewal 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# 10103093 Renew? _____Yes_____No
Status: Active Status Date: 1/9/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1632 _____
5505 E GRANT _____
TUCSON, AZ 85712 _____
Business Phone: (602)437-0600 _____

Renewal 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# 10103312 Renew? _____Yes_____No
Status: Active Status Date: 3/13/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5415 _____
3840 E 22ND ST _____

TUCSON, AZ 85713 _____
Business Phone: (520)323-3939 _____

Renewal 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# 10103329 Renew? _____Yes_____No
Status: Active Status Date: 8/22/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #6286 _____
8630 E GOLF LINK RD _____
TUCSON, AZ 85730 _____
Business Phone: (520)731-6440 _____

Renewal 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# 10103341 Renew? _____Yes_____No
Status: Active Status Date: 6/14/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5540 _____
1555 W VALENCIA _____
TUCSON, AZ 85713 _____
Business Phone: (520)294-1181 _____

Renewal 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# 10103522 Renew? _____Yes_____No
Status: Active Status Date: 4/9/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1583 _____
1401 W GRANT RD _____
TUCSON, AZ 85745 _____
Business Phone: (520)623-7325 _____

Renewal 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# 10103523 Renew? _____Yes_____No
Status: Active Status Date: 8/30/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1796 _____
3795 S PALO VERDE RD _____
TUCSON, AZ 85706 _____
Business Phone: (520)745-0352 _____

Renewal 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# 10103643 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1737 _____
3845 S COUNTRY CLUB RD _____
TUCSON, AZ 85714 _____
Business Phone: (520)746-1597 _____

Renewal 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# 10103685 Renew? _____Yes_____No
Status: Active Status Date: 10/2/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3386 _____
530 E VALENCIA RD _____
TUCSON, AZ 85706 _____
Business Phone: (502)294-1583 _____

Renewal 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# 10103691 Renew? _____Yes_____No
Status: Active Status Date: 2/28/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3458 _____
4990 N ORACLE RD _____
TUCSON, AZ 85704 _____
Business Phone: (520)293-1144 _____

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 |

---

License# 10103724 Renew? _____Yes_____No
Status: Active Status Date: 11/12/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #0592 _____
2080 W RUTHRAUFF RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)690-9741 _____

Renewal 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#  10103728         Renew? ______Yes_____No
Status:   Active           Status Date:     10/27/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIM KENNETH KWIATKOWSKI       ___________________
Location: CIRCLE K STORE #1580          ___________________
          1602 E BROADWAY BLVD          ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (520)903-9011       __________

Renewal 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#  10103729         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/27/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIM KENNETH KWIATKOWSKI       ___________________
Location: CIRCLE K STORE #3482          ___________________
          18741 S NOGALES HWY           ___________________
          SAHUARITA, AZ 85629           ___________________
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#  10103746         Renew? ______Yes_____No
Status:   Active           Status Date:     12/15/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIM KENNETH KWIATKOWSKI       ___________________
Location: CIRCLE K STORE #3484          ___________________
          4570 S CAMPBELL AVE           ___________________
          TUCSON, AZ 85714              ___________________
Business Phone:     (520)807-9232       __________

Renewal 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

**RJ150191**

CHRISTOPHER BARTOS
PIMA COUNTY STADIUM DISTRICT
PIMA COUNTY
2500 E AJO WAY
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  05103000         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTOPHER  BARTOS           ___________________
Location: PIMA COUNTY                   ___________________
          2500 E AJO WAY                ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)222-1001       __________

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

**RJ150192**

ANDREA DAHLMAN LEWKOWITZ
WESTERN HOST INC
LA PALOMA COUNTRY CLUB
15147 N SCOTTSDALE RD STE H-210
ATTN: JASON R CREED
SCOTTSDALE AZ 85254

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14103025         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: LA PALOMA COUNTRY CLUB        ___________________
          3660 E SUNRISE DR             ___________________
          TUCSON, AZ 85718              ___________________
Business Phone:     (520)742-6000       __________

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

**RJ150193**

JOHN RONALD ABBOTT
ABIT CORPORATION
RINCON MARKET
2513 E 6TH ST
TUCSON AZ 85716

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100208         Renew? ______Yes_____No
Status:   Inactive         Status Date:     7/30/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN RONALD ABBOTT            ___________________
Location: RINCON MARKET                 ___________________
          2513 E 6TH ST                 ___________________
          TUCSON, AZ 85716              ___________________
Business Phone:     (520)327-6653       __________

Renewal 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

**RJ150194**

ROGER P FISHER
PAUL AND JACQUE INC
7-ELEVEN #20196B
C/O GUTILLA MURPHY ANDERSON
5415 E HIGH ST #200
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100106         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROGER P FISHER                _________________
Location: 7-ELEVEN #20196B              _________________
          1555 W ST MARYS RD            _________________
          TUCSON, AZ 85745              _________________
Business Phone:     (520)624-1040       __________

Renewal 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

**RJ150195**

THOMAS ROBERT AGUILERA
BLUE STAR GAS STATION LLC
BLUE STAR GAS STATION
4554 E CAMP LOWELL DR
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103650         Renew? ______Yes_____No
Status:   Active           Status Date:     4/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT AGUILERA        ___________________
Location: BLUE STAR GAS STATION         ___________________
          3774 S 6TH AVE                ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)884-0645       __________

Renewal 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

**RJ150196**

PREM HARI KHATRI
7-ELEVEN #13035C
C/O GUTTILLA MURPHY ANDERSON
5415 E HIGH ST #200
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100192         Renew? ______Yes_____No
Status:   Active           Status Date:     3/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: 7-ELEVEN #13035C              _________________
          1902 S ALVERNON WAY           _________________
          TUCSON, AZ 85711              _________________
Business Phone:     (520)748-0424       __________

Renewal 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

**RJ150197**

PETER THOMAS WILKE
GRASSY ISLAND INC
TIME MARKET
444 E UNIVERSITY
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10100255         Renew? ______Yes_____No
Status:   Active           Status Date:     11/4/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER THOMAS WILKE            ___________________
Location: TIME MARKET                   ___________________
          444 E UNIVERSITY BLVD         ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)622-0761       __________

Renewal 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

**RJ150198**

RANDY D NATIONS
SUNFLOWER FARMERS MARKETS LLC
SPROUTS FARMERS MARKET #24
P O BOX 2502
CHANDLER AZ 85244

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 10103670 Renew? _____Yes_____No
Status: Active Status Date: 12/6/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: SPROUTS FARMERS MARKET #24 _____
4645 E SPEEDWAY BLVD _____
TUCSON, AZ 85712 _____
Business Phone: (520)325-1320 _____

Renewal 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# 10103671 Renew? _____Yes_____No
Status: Active Status Date: 12/6/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: SPROUTS FARMERS MARKET #22 _____
7877 E BROADWAY BLVD _____
TUCSON, AZ 85710 _____
Business Phone: (520)546-6112 _____

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

---

License# 10103672 Renew? _____Yes_____No
Status: Active Status Date: 12/6/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: SPROUTS FARMERS MARKET #21 _____
3860 W RIVER RD #5 _____
TUCSON, AZ 85741 _____
Business Phone: (520)204-1787 _____

Renewal 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# 10103673 Renew? _____Yes_____No
Status: Active Status Date: 12/6/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: SPROUTS FARMERS MARKET # 23 _____
4282 N 1 AVE _____
TUCSON, AZ 85719 _____
Business Phone: (520)407-5132 _____

Renewal 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

**RJ150199**

RICHARD OSCAR BERGER
SOUTHWEST TRADING CORP
U OF A LIQUORS
1002 E 6TH ST
TUCSON AZ 85719

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100180         Renew? ______Yes_____No
Status:   Active           Status Date:     11/23/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD OSCAR BERGER          ___________________
Location: U OF A LIQUORS                ___________________
          1002 E 6TH ST                 ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (520)623-1132       __________

Renewal 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

**RJ150200**

THOMAS PETER FIRTH
GUEST RANCH RESORT II LLC
HACIENDA GIFT SHOP
5601 N HACIENDA DEL SOL RD
TUCSON AZ 85718

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103408         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS PETER FIRTH            _________________
Location: HACIENDA GIFT SHOP            _________________
          5601 N HACIENDA DEL SOL RD STE B   __________________
          TUCSON, AZ 85718              _________________
Business Phone:     (520)299-1501       __________

Renewal 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

**RJ150201**

DONALD JACK CAMPBELL, JR.
DELTA AIR LINES INC
DELTA AIR LINES
PO BOX 45852
ALTLANTA GA 30320

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  08103004         Renew? ______Yes_____No
Status:   Active           Status Date:     5/7/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD JACK CAMPBELL, JR.     ___________________
Location: DELTA AIR LINES               ___________________
          7250 S TUCSON BLVD            ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)573-8063       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

# STATE OF ARIZONA
# DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

**RJ150202**

INDER PREET KAUR
DEEP INVESTMENTS INC
ARCO AM/PM
2790 W RUTHRAUFF RD
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103756         Renew? ______Yes_____No
Status:   Active           Status Date:     6/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    INDER PREET KAUR              ___________________
Location: ARCO AM/PM                    ___________________
          4881 S CAMPBELL               ___________________
          TUCSON, AZ 85714              ___________________
Business Phone:     (520)294-5501       __________

Renewal 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

**RJ150203**

ROGER L BEAL
ARIVACA MERCANTILE CO
ARIVACA MERCANTILE
P O BOX 104
ARIVACA AZ 85601

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10100004         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROGER L BEAL                  ___________________
Location: ARIVACA MERCANTILE            ___________________
          17180 WEST ARIVACA RD         ___________________
          ARIVACA, AZ 85601             ___________________
Business Phone:     (520)398-2702       __________

Renewal 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

**RJ150204**

FRANK FARIAS
UNIVERSITY OF ARIZONA
UNIVERSITY OF ARIZONA - STUDENT UNION MEM CTR BLDG #17 & 19
P O BOX 210017
TUCSON AZ 85721

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 05103006 Renew? _____Yes_____No
Status: Active Status Date: 8/17/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FRANK FARIAS _____
Location: UNIVERSITY OF ARIZONA - STUDENT UNION MEM CTR BLDG #17 & 19_____
1303 E UNIVERSITY BLVD _____
TUCSON, AZ 85719 _____
Business Phone: (520)621-6142 _____

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# 05103007 Renew? _____Yes_____No
Status: Active Status Date: 8/17/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FRANK FARIAS _____
Location: CENTENNIAL HALL _____
1020 E UNIVERSITY BLVD _____
TUCSON, AZ 85719 _____
Business Phone: (520)621-3364 _____

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# 05103008 Renew? _____Yes_____No
Status: Active Status Date: 8/17/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FRANK FARIAS _____
Location: UNIVERSITY OF ARIZONA-MCCLELLAND HALL_____
1130 E HELEN ST _____
TUCSON, AZ 85719 _____
Business Phone: (520)621-2165 _____

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# 05103009 Renew? _____Yes_____No
Status: Active Status Date: 2/5/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FRANK FARIAS _____
Location: UNIVERSITY OF ARIZONA-ARIZONA STADIUM (LODGE AND SKYBOXES, N_____
540 N VINE AVE _____
TUCSON, AZ 85719 _____
Business Phone: (520)621-1417 _____

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#  05103010         Renew? ______Yes_____No
Status:   Active           Status Date:     8/17/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANK  FARIAS                 ___________________
Location: UNIVERSITY OF ARIZONA - ARIZONA STATE MUSEUM___________________
          1013 E UNIVERSITY BLVD        ___________________
          TUCSON, AZ 85721              ___________________
Business Phone:     (520)621-6302       __________

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#  05103011         Renew? ______Yes_____No
Status:   Active           Status Date:     8/17/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANK  FARIAS                 ___________________
Location: UNIVERSITY OF ARIZONA-ARIZONA COLLEGE OF FINE ARTS___________________
          1017 N OLIVE RD               ___________________
          TUCSON, AZ 85721              ___________________
Business Phone:     (520)621-1778       __________

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

**RJ150205**

MICHAEL C MONTANO
J & M LIQUORS INC
WILDCAT DRIVE THRU LIQUORS
1202 N STONE AVE
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100020         Renew? ______Yes_____No
Status:   Active           Status Date:     1/20/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL C MONTANO             ___________________
Location: WILDCAT DRIVE THRU LIQUORS    ___________________
          1202 N STONE AVE              ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)792-3988       __________

Renewal 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

**RJ150206**

JOHN PERU RODRIGUEZ
TUCSON DETACHED MARINE CORPS LEAGUE INC
TUCSON DETACHMENT MARINE CORPS
216 E 29TH ST
SOUTH TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100010         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN PERU RODRIGUEZ           ___________________
Location: TUCSON DETACHMENT MARINE CORPS_________________
          216 E 29TH ST                 ___________________
          SOUTH TUCSON, AZ 85713        ___________________
Business Phone:     (520)624-4351       __________

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

**RJ150207**

JENNIFER ELAINE LAWSON
AMERICAN LEGION #66
AMERICAN LEGION #66
P O BOX 2095
GREEN VALLEY AZ 85622

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14103001         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JENNIFER ELAINE LAWSON        _________________
Location: AMERICAN LEGION #66           _________________
          1560 W DUVAL MINE RD          _________________
          SAHUARITA, AZ 85629           _________________
Business Phone:     (520)399-3604       __________

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

**RJ150208**

THOMAS ROBERT AGUILERA
INDEPENDENT DISTILLERY LLC
INDEPENDENT DISTILLERY
4554 E CAMP LOWELL DRIVE
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  18103001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT AGUILERA        ___________________
Location: INDEPENDENT DISTILLERY        ___________________
          30 S ARIZONA AVE              ___________________
          TUCSON, AZ 85701              ___________________
Business Phone:     (520)609-5864       __________

Renewal Fees:
     License Renewal:                  300.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            370.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

# STATE OF ARIZONA
# DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

**RJ150209**

ROY BAFFERT LAOS
ANNA BAFFERT LAOS LIVING TRUST
ROY'S CORNER
647 S 6TH AVE
TUCSON AZ 85701

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100182         Renew? ______Yes_____No
Status:   Active           Status Date:     1/12/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROY BAFFERT LAOS              ___________________
Location: ROY'S CORNER                  ___________________
          647 S 6TH AVE                 ___________________
          TUCSON, AZ 85701              ___________________
Business Phone:     (520)623-4824       __________

Renewal 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

**RJ150210**

GERALD KENDALL SMITH
GERALD INC
SIERRA BONITA VINEYARDS
3668 N RIVER CANYON RD
TUCSON AZ 85750

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  13103007         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GERALD KENDALL SMITH          _________________
Location: SIERRA BONITA VINEYARDS       _________________
          6720 E CAMINO PRINCIPAL #101   __________________
          TUCSON, AZ 85715              _________________
Business Phone:     (520)722-1605       __________

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

**RJ150211**

LEROY GEORGE ZAUGRA
BPOE #2532
BPOE #2532
P O BOX 17598
TUCSON AZ 85731

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100004         Renew? ______Yes_____No
Status:   Active           Status Date:     5/18/1993
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEROY GEORGE ZAUGRA           ___________________
Location: BPOE #2532                    ___________________
          615 S PANTANO RD              ___________________
          TUCSON, AZ 85710              ___________________
Business Phone:     (520)886-8120       __________

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

**RJ150212**

SCOTT DAVID INGERSOLL
V F W #4903
V F W #4903
1150 N BEVERLY AVE
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14101003         Renew? ______Yes_____No
Status:   Active           Status Date:     11/9/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT DAVID INGERSOLL         ___________________
Location: V F W #4903                   ___________________
          1150 N BEVERLY AVE            ___________________
          TUCSON, AZ 85712              ___________________
Business Phone:     (520)881-0184       __________

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

**RJ150213**

JASJIT SINGH CHOPRA
CHOPRA ENTERPRISES LLC
TMC SHELL
5470 E GRANT RD
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103635         Renew? ______Yes_____No
Status:   Active           Status Date:     10/13/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASJIT SINGH CHOPRA           ___________________
Location: TMC SHELL                     ___________________
          5470 E GRANT RD               ___________________
          TUCSON, AZ 85712              ___________________
Business Phone:     (520)795-2611       __________

Renewal 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

**RJ150214**

ROBERT MURRAY TREMELLING
ROLLING HILLS GOLF COURSE INC
ROLLING HILLS GOLF COURSE
8900 E 29TH ST
TUCSON AZ 85710

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14103002         Renew? ______Yes_____No
Status:   Active           Status Date:     11/18/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT MURRAY TREMELLING      ___________________
Location: ROLLING HILLS GOLF COURSE     ___________________
          8900 E 29TH ST                ___________________
          TUCSON, AZ 85710              ___________________
Business Phone:     (520)298-7336       __________

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

**RJ150215**

MARK CLAY OSWALD
ORO VALLEY COUNTRY CLUB INC
ORO VALLEY COUNTRY CLUB
300 W GREENOCK DR
ORO VALLEY AZ 85737

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14103016         Renew? ______Yes_____No
Status:   Active           Status Date:     11/12/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK CLAY OSWALD              ___________________
Location: ORO VALLEY COUNTRY CLUB       ___________________
          300 W GREENOCK DR             ___________________
          ORO VALLEY, AZ 85737          ___________________
Business Phone:     (520)297-1121       __________

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

**RJ150216**

ERNESTO RASCON
RASCON INVESTMENTS INC
EL HERRADERO SUPERMARKET
1310 W PRINCE RD
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103588         Renew? ______Yes_____No
Status:   Active           Status Date:     7/6/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERNESTO  RASCON               ___________________
Location: EL HERRADERO SUPERMARKET      ___________________
          1310 W PRINCE RD              ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)887-0037       __________

Renewal 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

**RJ150217**

CLARE HOLLIE ABEL
DG RETAIL LLC
DOLLAR GENERAL STORE #10369
100 MISSION RIDGE
GOODLETTSVILLE TN 37072

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 10103683 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 #10369 _____
802 N 2 AVE _____
AJO, AZ 85321 _____
Business Phone: (520)387-8952 _____

Renewal 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# 10103698 Renew? _____Yes_____No
Status: Active Status Date: 6/10/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #12366 _____
5697 S ALVERNON WY _____
TUCSON, AZ 85706 _____
Business Phone: (520)574-4480 _____

Renewal 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# 10103712 Renew? _____Yes_____No
Status: Active Status Date: 1/28/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #13710 _____
3130 S KINNEY RD _____
TUCSON, AZ 85713 _____
Business Phone: (520)314-8541 _____

Renewal 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# 10103713 Renew? _____Yes_____No
Status: Active Status Date: 1/28/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #14104 _____
15440 W AJO HWY _____
TUCSON, AZ 85735 _____
Business Phone: (520)883-4090 _____

Renewal 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#  10103714         Renew? ______Yes_____No
Status:   Active           Status Date:     1/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: DOLLAR GENERAL STORE #14055   ___________________
          1742 W RUTHRAUFF RD           ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)314-0340       __________

Renewal 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

**RJ150218**

MI SOOK JUNG
KIMPO ORIENTAL MARKET
5595 E 5TH ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103376         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: KIMPO ORIENTAL MARKET         _________________
          5595 E 5TH ST                 _________________
          TUCSON, AZ 85711              _________________
Business Phone:     (520)750-9009       __________

Renewal 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

**RJ150219**

JOSE LUIS CORNEJO GRACIA
COBSON LLC
MERCADO Y CARNICERIA MEXICANA
6211 E 22ND ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103718         Renew? ______Yes_____No
Status:   Active           Status Date:     6/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE LUIS CORNEJO GRACIA      ___________________
Location: MERCADO Y CARNICERIA MEXICANA ___________________
          6211 E 22ND ST                ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)393-8710       __________

Renewal 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

**RJ150220**

JEFFREY HOWARD ROFF
WFM-WO INC
WHOLE FOODS MARKET
550 E BOWIE ST
ATTN: LEGAL TEAM
AUSTIN TX 78703

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103720         Renew? ______Yes_____No
Status:   Active           Status Date:     7/25/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY HOWARD ROFF           ___________________
Location: WHOLE FOODS MARKET            ___________________
          3360 E SPEEDWAY BLVD          ___________________
          TUCSON, AZ 85716-3936         ___________________
Business Phone:     (520)795-9844       __________

Renewal 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

**RJ150221**

CHERYL JANE COX
CORVON CORP INC
COXCO FUEL
5960 N ORACLE RD
TUCSON AZ 85704

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103196         Renew? ______Yes_____No
Status:   Active           Status Date:     12/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHERYL JANE COX               ___________________
Location: COXCO FUEL                    ___________________
          5960 N ORACLE RD              ___________________
          TUCSON, AZ 85704              ___________________
Business Phone:     (520)888-4213       __________

Renewal 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

**RJ150222**

DAVID ALLEN JOHNSON
V F W #5990
V F W #5990
15850 W EL TIRO RD
MARANA AZ 85653

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14103000         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID ALLEN JOHNSON           ___________________
Location: V F W #5990                   ___________________
          15850 W EL TIRO RD            ___________________
          MARANA, AZ 85653              ___________________
Business Phone:     (602)682-6134       __________

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

**RJ150223**

ROBERT MICHAEL DELGADO
HENSLEY & COMPANY
HENSLEY & COMPANY
ATTN: ACCOUNTS PAYABLE
4201 N 45TH AVE
PHOENIX AZ 85031

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  04103031         Renew? ______Yes_____No
Status:   Active           Status Date:     12/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT MICHAEL DELGADO        _________________
Location: HENSLEY & COMPANY             _________________
          1085 W GRANT                  _________________
          TUCSON, AZ 85705              _________________
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

**RJ150224**

MICHAEL CRAIG MENNENGA
M & G TANQUE VERDE LLC
ARCO AM/PM
2128 E FLORENCE BLVD
CASA GRANDE AZ 85122

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103664         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                    ___________________
          7601 E TANQUE VERDE           ___________________
          TUCSON, AZ 85715              ___________________
Business Phone:     (520)886-1988       __________

Renewal 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

**RJ150225**

FRANK MACIAS JEREZ
AMERICAN CITIZENS SOCIAL CLUB
AMERICAN CITIZENS SOCIAL CLUB
P O BOX # 4
AJO AZ 85321

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14100031         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANK MACIAS JEREZ            ___________________
Location: AMERICAN CITIZENS SOCIAL CLUB ___________________
          811 N 2ND AVE                 ___________________
          AJO, AZ 85321                 ___________________
Business Phone:     (520)387-5179       __________

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

**RJ150226**

NICHOLAS CARL GUTTILLA
ARIZONA FINE WINE & SPIRITS LLC
TOTAL WINE & MORE #1009
5415 E HIGH ST #200
C/O GUTTILLA MURPHY ANDERSON
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100236         Renew? ______Yes_____No
Status:   Active           Status Date:     7/10/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: TOTAL WINE & MORE #1009       ___________________
          5870 E BROADWAY #448          ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)745-0540       __________

Renewal 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#  09109000         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: TOTAL WINE & MORE #1001       ___________________
          4370 N ORACLE RD              ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)887-0174       __________

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_____ 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

**RJ150227**

JASJIT SINGH CHOPRA
APACHE GASOLINE PROVIDERS LLC
APACHE SHELL
8291 E 22ND ST
TUCSON AZ 85710

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103633         Renew? ______Yes_____No
Status:   Active           Status Date:     11/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASJIT SINGH CHOPRA           ___________________
Location: APACHE SHELL                  ___________________
          8291 E 22ND ST                ___________________
          TUCSON, AZ 85710              ___________________
Business Phone:     (520)733-5692       __________

Renewal 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

**RJ150228**

THERESA JUNE MORSE
DAV #28 ECB
DAV THE WORKING CHAPTER #28
530 E MCDOWELL RD #107-241
PHOENIX AZ 85004

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100033         Renew? ______Yes_____No
Status:   Active           Status Date:     11/14/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: DAV THE WORKING CHAPTER #28   ___________________
          5771 S COUNTRY CLUB RD        ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)573-0455       __________

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

**RJ150229**

GARFIELD RICHARD GULBRANSON, JR.
V F W #10254
V F W #10254
10211 S SASABE RD
TUCSON AZ 85736

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14101008         Renew? ______Yes_____No
Status:   Active           Status Date:     1/8/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARFIELD RICHARD GULBRANSON, JR._________________
Location: V F W #10254                   _________________
          10211 S SASABE RD              _________________
          TUCSON, AZ 85736               _________________
Business Phone:     (520)822-5047        __________

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

**RJ150230**

JAYANTIBHAI TRIBHOVANBHAI PATEL
OM NUM SHIVAY LLC
LUCKY J MARKET
1285 E PRINCE RD
TUCSON AZ 85719

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100217         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAYANTIBHAI TRIBHOVANBHAI PATEL_________________
Location: LUCKY J MARKET                _________________
          1285 E PRINCE RD              _________________
          TUCSON, AZ 85719              _________________
Business Phone:     (520)887-7130       __________

Renewal 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

**RJ150231**

DHARMESHKUMAR J PATEL
BHAGAT LLC
CHARLIE'S DRIVE IN LIQUOR
5451 E PIMA ST
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100245         Renew? ______Yes_____No
Status:   Active           Status Date:     7/24/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DHARMESHKUMAR J PATEL         ___________________
Location: CHARLIE'S DRIVE IN LIQUOR     ___________________
          5451 E PIMA ST                ___________________
          TUCSON, AZ 85712              ___________________
Business Phone:     (520)326-0652       __________

Renewal 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

**RJ150232**

MAEN FAHED MDANAT
MICHAEL M FOOD MART LLC
AXIS FOOD MART
1540 E BROADWAY BLVD
TUCSON AZ 85719

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100107         Renew? ______Yes_____No
Status:   Active           Status Date:     4/21/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAEN FAHED MDANAT             ___________________
Location: AXIS FOOD MART                ___________________
          1540 E BROADWAY BLVD          ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (520)628-1700       __________

Renewal 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

**RJ150233**

WILLIAM ROY MARKLEY
REGINA BUILDING CORP
K OF C
1330 S MOUNTAIN VIEW AVE
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100046         Renew? ______Yes_____No
Status:   Active           Status Date:     9/19/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM ROY MARKLEY           ___________________
Location: K OF C                        ___________________
          1330 S MOUNTAIN VIEW AVE      ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)747-5133       __________

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

**RJ150234**

YOUSSEF ANTOINE BITAR
ALICE RISING SUN INC
DIAMOND R LIQUOR OUTLET
402 E PRINCE RD
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100085         Renew? ______Yes_____No
Status:   Pending          Status Date:     7/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    YOUSSEF ANTOINE BITAR         ___________________
Location: DIAMOND R LIQUOR OUTLET       ___________________
          402 E PRINCE RD               ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)888-0653       __________

Renewal 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

**RJ150235**

GLORIA CHRISTINA BARNETT
MEXICO LINDO FOOD MARKET LLC
MEXICO LINDO FOOD MARKET
50 W VALENCIA RD
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103366         Renew? ______Yes_____No
Status:   Active           Status Date:     12/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GLORIA CHRISTINA BARNETT      ___________________
Location: MEXICO LINDO FOOD MARKET      ___________________
          50 W VALENCIA RD              ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)746-9339       __________

Renewal 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

**RJ150236**

ISAAC COTA
CARNICERIA EL AGUAJITO LLC
CARNICERIA EL AGUAJITO
6921 S WINGBOW DR
TUCSON AZ 85756

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103753         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ISAAC  COTA                   ___________________
Location: CARNICERIA EL AGUAJITO        ___________________
          2800 E FT LOWELL RD           ___________________
          TUCSON, AZ 85716              ___________________
Business Phone:     (520)332-9006       __________

Renewal 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

**RJ150237**

TERRY D WERTMAN
MONTEREY LIQUORS
6240 E SPEEDWAY BLVD
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100104         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MONTEREY LIQUORS              _________________
          6240 E SPEEDWAY BLVD          _________________
          TUCSON, AZ 85712              _________________
Business Phone:     (520)745-6006       __________

Renewal 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

**RJ150238**

TRACY VICTORIA KITCHEN
7-ELEVEN #27143C
5415 E HIGH ST #200
C/O GUTILLA MURPHY ANDERSON
PHOENIX AZ 85054

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100239         Renew? ______Yes_____No
Status:   Active           Status Date:     7/23/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: 7-ELEVEN #27143C              _________________
          7084 E BROADWAY               _________________
          TUCSON, AZ 85710-2805         _________________
Business Phone:     (520)298-1977       __________

Renewal 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

**RJ150239**

NICHOLAS CARL GUTTILLA
ALBERTSON'S LLC
ALBERTSON'S #988
P O BOX 20
ATTN TAX DEPT 70428
BOISE ID 83726

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 09100002 Renew? _____Yes_____No
Status: Active Status Date: 9/13/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: ALBERTSON'S #988 _____
5085 N LA CANADA DR _____
TUCSON, AZ 85704 _____
Business Phone: (520)696-0325 _____

Renewal 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# 09100031 Renew? _____Yes_____No
Status: Active Status Date: 7/31/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: ALBERTSON'S #959 _____
6363 E 22ND ST _____
TUCSON, AZ 85710 _____
Business Phone: (520)571-9091 _____

Renewal 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# 09100133 Renew? _____Yes_____No
Status: Active Status Date: 7/31/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: ALBERTSON'S #961 _____
2854 N CAMPBELL _____
TUCSON, AZ 85719 _____
Business Phone: (520)321-1212 _____

Renewal 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# 09100147 Renew? _____Yes_____No
Status: Active Status Date: 7/31/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: ALBERTSON'S #964 _____
9595 E BROADWAY BLVD _____
TUCSON, AZ 85748 _____
Business Phone: (520)751-7699 _____

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

-------------------------------------------------------------------------------
License#  09100150         Renew? ______Yes_____No
Status:   Active           Status Date:     8/22/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        __________________
Location: ALBERTSON'S #960              __________________
          7300 N LA CHOLLA BLVD         __________________
          TUCSON, AZ 85741              __________________
Business Phone:     (520)575-0993       __________

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#  09100151         Renew? ______Yes_____No
Status:   Active           Status Date:     7/31/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        __________________
Location: ALBERTSON'S #963              __________________
          6600 E GRANT RD               __________________
          TUCSON, AZ 85715              __________________
Business Phone:     (520)885-6109       __________

Renewal 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

**RJ150240**

JOHN WESLEY LITTLE
QUIK-MART STORES INC
QUIK-MART #11
8351 E BROADWAY BLVD
TUCSON AZ 85702

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 09100278 Renew? _____Yes_____No
Status: Active Status Date: 9/24/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #11 _____
13142 E COLOSSAL CAVE RD _____
VAIL, AZ 85641 _____
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# 10100190 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #22 _____
3797 S KOLB _____
TUCSON, AZ 85730 _____
Business Phone: (520)795-9563 _____

Renewal 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# 10100192 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #3 _____
1140 S 4TH _____
TUCSON, AZ 85701 _____
Business Phone: (520)624-0367 _____

Renewal 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# 10100193 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #15 _____
3250 W CORTARO FARM RD _____
TUCSON, AZ 85742 _____
Business Phone: (520)795-9563 _____

Renewal 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# 10100194 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #1 _____
5860 E 22ND ST _____
TUCSON, AZ 85711 _____
Business Phone: (520)790-0561 _____

Renewal 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# 10100196 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #5 _____
1898 S MISSION _____
TUCSON, AZ 85713 _____
Business Phone: (520)622-6153 _____

Renewal 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# 10100197 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #6 _____
2760 CURTIS _____
TUCSON, AZ 85705 _____
Business Phone: (520)887-3252 _____

Renewal 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# 10100198 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #9 _____
4611 N FLOWING WELLS _____
TUCSON, AZ 85705 _____
Business Phone: (520)887-2629 _____

Renewal 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# 10100199 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #10 _____
900 W ROGER _____
TUCSON, AZ 85705 _____
Business Phone: (520)887-7541 _____

Renewal 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# 10100202 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #13 _____
3370 N COUNTRY CLUB _____
TUCSON, AZ 85716 _____
Business Phone: (520)327-3379 _____

Renewal 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# 10100203 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #14 _____
4280 E BENSON HWY _____
TUCSON, AZ 85706 _____
Business Phone: (520)574-0170 _____

Renewal 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# 10100204 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART _____
6301 S PARK AVE _____
TUCSON, AZ 85706 _____
Business Phone: (520)294-8220 _____

Renewal 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# 10100205 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #18 _____
1208 N ALVERNON _____
TUCSON, AZ 85712 _____
Business Phone: (520)326-7271 _____

Renewal 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# 10100206 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #19 _____
7667 E ESCALANTE _____
TUCSON, AZ 85730 _____
Business Phone: (520)747-0020 _____

Renewal 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# 10100207 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #20 _____
8494 E SPEEDWAY _____
TUCSON, AZ 85710 _____
Business Phone: (520)795-9563 _____

Renewal 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# 10100208 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART #21 _____
1250 E FT LOWELL _____
TUCSON, AZ 85719 _____
Business Phone: (520)623-4052 _____

Renewal 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# 10101023 Renew? _____Yes_____No
Status: Active Status Date: 12/28/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART _____
10275 E 22ND ST _____
TUCSON, AZ 85748 _____
Business Phone: (520)886-8959 _____

Renewal 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# 10101031 Renew? _____Yes_____No
Status: Active Status Date: 6/22/1988
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART _____
7895 E GOLF LINKS RD _____
TUCSON, AZ 85730 _____
Business Phone: (520)298-9120 _____

Renewal 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# 10101035 Renew? _____Yes_____No
Status: Active Status Date: 7/19/1988
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART _____
3499 S WILMOT _____
TUCSON, AZ 85730 _____
Business Phone: (520)748-7365 _____

Renewal 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# 10101115 Renew? _____Yes_____No
Status: Active Status Date: 6/20/1994
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN WESLEY LITTLE _____
Location: QUIK-MART _____
4477 E 5TH ST _____
TUCSON, AZ 85711 _____
Business Phone: (520)324-0186 _____

Renewal 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# 10103035 Renew? _____Yes_____No
Status: Active Status Date: 9/9/1997

License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  JOHN WESLEY LITTLE  _____
Location: QUIK-MART  _____
8685 N SILVERBELL RD  _____
TUCSON, AZ 85743  _____
Business Phone:  (520)579-2620  _____

Renewal 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#  10103107  Renew? _____Yes_____No
Status:  Active  Status Date:  5/14/1998
License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  JOHN WESLEY LITTLE  _____
Location: QUIK-MART #32  _____
745 S TUCSON BLVD  _____
TUCSON, AZ 85716  _____
Business Phone:  (520)323-8676  _____

Renewal 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#  10103208  Renew? _____Yes_____No
Status:  Active  Status Date:  2/19/2002
License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  JOHN WESLEY LITTLE  _____
Location: QUIK-MART  _____
5642 S ALVERNON  _____
TUCSON, AZ 85706  _____
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#  10103402  Renew? _____Yes_____No
Status:  Active  Status Date:  4/1/2005
License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  JOHN WESLEY LITTLE  _____
Location: QUIK-MART  _____
10400 S CAMINO LOMA ALTA  _____
VAIL, AZ 85641  _____
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#  10103480  Renew? _____Yes_____No
Status:  Active  Status Date:  11/7/2007
License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  JOHN WESLEY LITTLE  _____

Location: QUIK MART _____
10265 E IRVINGTON _____
TUCSON, AZ 85730 _____
Business Phone: (520)740-9772 _____

Renewal 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

**RJ150241**

CALVIN ELDON FISH
MOOSE LODGE #2475
MOOSE LODGE #2475
2442 S HARRISON RD
TUCSON AZ 85748

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14103005         Renew? ______Yes_____No
Status:   Active           Status Date:     10/16/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CALVIN ELDON FISH             _________________
Location: MOOSE LODGE #2475             _________________
          2442 S HARRISON RD            _________________
          TUCSON, AZ 85748              _________________
Business Phone:     (520)546-6847       __________

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

**RJ150242**

TINH H LE
CORONADO MARKET LLC
CORONADO MARKET
3154 N STONE AVE
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100279         Renew? ______Yes_____No
Status:   Active           Status Date:     1/5/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TINH H LE                     _________________
Location: CORONADO MARKET               _________________
          3154 N STONE AVE              _________________
          TUCSON, AZ 85705              _________________
Business Phone:     (520)623-9171       __________

Renewal 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

**RJ150243**

GREGORY ALAN JACKSON
CITY OF TUCSON CONVENTION CENTER
TUCSON CONVENTION CENTER
260 S CHURCH AVE
TUCSON AZ 85701

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  05100005         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREGORY ALAN JACKSON          ___________________
Location: TUCSON CONVENTION CENTER      ___________________
          260 S CHURCH AVE              ___________________
          TUCSON, AZ 85701              ___________________
Business Phone:     (520)791-4101       __________

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

**RJ150244**

ALICE GIANG
SHAD & ALIZA ENTERPRISE LLC
BEVERAGE DEPOT
4231 E 22ND ST #141
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100089         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALICE  GIANG                  _________________
Location: BEVERAGE DEPOT                _________________
          4231 E 22ND ST #141           _________________
          TUCSON, AZ 85711              _________________
Business Phone:     (520)323-6566       __________

Renewal 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

**RJ150245**

RICHARD OSCAR BERGER
COMPREHENSIVE AUTO PROTECTION INC
FIRST AVENUE BEVERAGE
3149 N 1ST AVE
TUCSON AZ 85719

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100220         Renew? ______Yes_____No
Status:   Active           Status Date:     7/13/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD OSCAR BERGER          ___________________
Location: FIRST AVENUE BEVERAGE         ___________________
          3149 N 1ST AVE                ___________________
          TUCSON, AZ 85719              ___________________
Business Phone:     (520)624-7782       __________

Renewal 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

**RJ150246**

BRUCE WAYNE HOLBROOK
SOUTHERN CONVENIENCE LLC
IRVINGTON SHELL
1223 S CLEARVIEW AVE #109
MESA AZ 85209

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103787         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRUCE WAYNE HOLBROOK          ___________________
Location: IRVINGTON SHELL               ___________________
          3535 E IRVINGTON RD           ___________________
          TUCSON, AZ 85714              ___________________
Business Phone:     (520)499-2155       __________

Renewal 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

**RJ150247**

ROBERT DANA CROSLEY
EXPRESSJET AIRLINES INC
EXPRESSJET AIRLINES
444 SOUTH RIVER RD
SAINT GEORGE UT 84790

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  08103003         Renew? ______Yes_____No
Status:   Active           Status Date:     11/20/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT DANA CROSLEY           ___________________
Location: EXPRESSJET AIRLINES           ___________________
          7250 S TUCSON BLVD            ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)573-8039       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

# STATE OF ARIZONA
# DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

**RJ150248**

SAMUEL LEE BARNARD
AMERICAN LEGION MADERA POST 131
AMERICAN LEGION MADERA POST 131
249 W ESPERANZA BLVD
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  14103021         Renew? ______Yes_____No
Status:   Active           Status Date:     5/27/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAMUEL LEE BARNARD            ___________________
Location: AMERICAN LEGION MADERA POST 131___________________
          249 W ESPERANZA BLVD          ___________________
          GREEN VALLEY, AZ 85614        ___________________
Business Phone:     (520)398-6245       __________

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

**RJ150249**

KIMHENG KHIN HU
QUICK BREAK LLC
QUICK BREAK
3000 W SPEEDWAY BLVD
TUCSON AZ 85745

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103644         Renew? ______Yes_____No
Status:   Active           Status Date:     1/23/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIMHENG KHIN HU               ___________________
Location: QUICK BREAK                   ___________________
          3095 E IRVINGTON RD           ___________________
          TUCSON, AZ 85714              ___________________
Business Phone:     (520)294-8243       __________

Renewal 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

**RJ150250**

BRYANNE OLSEN
OLSENS MARKET PLACE IGA, LLC
OLSENS MARKETPLACE
12573 E DEL REY DR
YUMA AZ 85367

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100015         Renew? ______Yes_____No
Status:   Active           Status Date:     12/20/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRYANNE  OLSEN                _________________
Location: OLSENS MARKETPLACE            _________________
          1961N AJO GILA BEND HWY       _________________
          AJO, AZ 85321                 _________________
Business Phone:     (520)387-5641       __________

Renewal 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

**RJ150251**

DELESLIE JAMES WOODDELL, JR.
DEL CAZADOR LLC
DEL CAZADOR LLC
7419 E 22ND ST
TUCSON AZ 85710

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103708         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DELESLIE JAMES WOODDELL, JR.  __________________
Location: DEL CAZADOR LLC               __________________
          7419 E 22ND ST                __________________
          TUCSON, AZ 85710              __________________
Business Phone:     (520)313-5455       __________

Renewal 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

**RJ150252**

MICHELLE H PON
PON MICHELLE H JTWROS
LIM BONG LIQUOR & GROCERIES
688 W GRANT
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  09100206         Renew? ______Yes_____No
Status:   Active           Status Date:     3/29/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHELLE H PON                _________________
Location: LIM BONG LIQUOR & GROCERIES   _________________
          688 W GRANT                   _________________
          TUCSON, AZ 85705              _________________
Business Phone:     (520)623-0750       __________

Renewal 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

**RJ150253**

JOHN RONALD ABBOTT
GIBSONS MARKET LLC
JOHNNY GIBSONS DOWNTOWN MARKET
2513 E 6TH ST
TUCSON AZ 85716

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103736         Renew? ______Yes_____No
Status:   Active           Status Date:     2/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN RONALD ABBOTT            ___________________
Location: JOHNNY GIBSONS DOWNTOWN MARKET___________________
          11 S 6TH AVE                  ___________________
          TUCSON, AZ 85701              ___________________
Business Phone:     (520)327-6653       __________

Renewal 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

**RJ150254**

ELDON EARL JACKSON
NORTHWEST TUCSON MOOSE LODGE 2543
NORTHWEST TUCSON MOOSE LODGE 2543
2660 W RUTHRAUFF RD
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14103026         Renew? ______Yes_____No
Status:   Active           Status Date:     12/16/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELDON EARL JACKSON            _________________
Location: NORTHWEST TUCSON MOOSE LODGE 2543_________________
          2660 W RUTHRAUFF RD           _________________
          TUCSON, AZ 85705              _________________
Business Phone:     (520)406-5565       __________

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

**RJ150255**

INDER PREET KAUR
RAV DEEP INVESTMENTS INC
ARCO AM/PM
2790 W RUTHRAUFF RD
TUCSON AZ 85705

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103752         Renew? ______Yes_____No
Status:   Active           Status Date:     4/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    INDER PREET KAUR              ___________________
Location: ARCO AM/PM                    ___________________
          501 W IRVINGTON RD            ___________________
          TUCSON, AZ 85714              ___________________
Business Phone:     (520)889-9261       __________

Renewal 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

**RJ150256**

JARED MICHAEL REPINSKI
GALLERY AT OLD TOWN LLC
ART HOUSE CENTRO
P O BOX 6252
CHANDLER AZ 85246

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103711         Renew? ______Yes_____No
Status:   Active           Status Date:     1/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: ART HOUSE CENTRO              ___________________
          186 N MEYER AVE #180          ___________________
          TUCSON, AZ 85701              ___________________
Business Phone:     (520)620-1725       __________

Renewal 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

**RJ150257**

ROBERT JOSEPH NELSON
SMITH'S FOOD & DRUG CENTERS INC
FRY'S FOOD & DRUG #18
P O BOX 305103
NASHVILLE TN 37230

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 09100008 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 #18 _____
10661 N ORACLE RD _____
ORO VALLEY, AZ 85737 _____
Business Phone: (520)742-6663 _____

Renewal 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# 09100012 Renew? _____Yes_____No
Status: Active Status Date: 3/6/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #117 _____
10450 N LA CANADA _____
ORO VALLEY, AZ 85737 _____
Business Phone: (520)877-9207 _____

Renewal 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# 09100027 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 #42 _____
9401 E 22ND ST _____
TUCSON, AZ 85710 _____
Business Phone: (520)721-8575 _____

Renewal 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# 09100077 Renew? _____Yes_____No
Status: Active Status Date: 4/30/1990
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #138 _____
4036 N 1ST AVE _____
TUCSON, AZ 85719 _____
Business Phone: (520)293-8892 _____

Renewal 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# 09100099 Renew? _____Yes_____No
Status: Active Status Date: 4/13/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #57 _____
7870 N SILVERBELL RD _____
MARANA, AZ 85743 _____
Business Phone: (520)744-7866 _____

Renewal 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# 09100105 Renew? _____Yes_____No
Status: Active Status Date: 4/30/1990
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #137 _____
7050 E 22ND ST _____
TUCSON, AZ 85710 _____
Business Phone: (520)790-5845 _____

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

---

License# 09100112 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 #18 _____
10661 N ORACLE RD _____
ORO VALLEY, AZ 85737 _____
Business Phone: (520)742-6663 _____

Renewal 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# 09100159 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 #58 _____
2001 E IRVINGTON RD _____
TUCSON, AZ 85714 _____
Business Phone: (520)294-7191 _____

Renewal 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# 09100160 Renew? _____Yes_____No
Status: Active Status Date: 1/10/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #34 _____
7812 E SPEEDWAY BLVD _____
TUCSON, AZ 85710 _____
Business Phone: (520)885-3547 _____

Renewal 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# 09100161 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S MARKETPLACE #689 _____
12100 N THORNYDALE RD _____
MARANA, AZ 85742 _____
Business Phone: (520)572-6040 _____

Renewal 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# 09100162 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S MARKETPLACE #679 _____
15950 S RANCHO SAHUARITA BLVD _____
SAHUARITA, AZ 85629 _____
Business Phone: (520)648-7700 _____

Renewal 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# 09100163 Renew? _____Yes_____No
Status: Active Status Date: 7/9/1991
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #119 _____
902 W IRVINGTON _____
TUCSON, AZ 85714 _____
Business Phone: (520)889-0067 _____

Renewal 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# 09100164 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 #42 _____
9401 E 22ND ST _____
TUCSON, AZ 85710 _____
Business Phone: (520)721-8575 _____

Renewal 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# 09100165 Renew? _____Yes_____No
Status: Active Status Date: 1/13/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #20 _____
3640 S 16TH AVE _____
TUCSON, AZ 85713 _____
Business Phone: (520)624-6934 _____

Renewal 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# 09100166 Renew? _____Yes_____No
Status: Active Status Date: 12/20/1999
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #19 _____
3920 E GRANT RD _____
TUCSON, AZ 85712 _____
Business Phone: (520)323-6658 _____

Renewal 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# 09100167 Renew? _____Yes_____No
Status: Active Status Date: 12/20/1999
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #36 _____
3770 W INA RD _____
TUCSON, AZ 85741 _____
Business Phone: (520)744-2472 _____

Renewal 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# 09100168 Renew? _____Yes_____No
Status: Active Status Date: 12/29/1999
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #21 _____
555 E GRANT RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)622-1976 _____

Renewal 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# 09100228 Renew? _____Yes_____No
Status: Active Status Date: 1/10/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #17 _____
4150 E 22ND ST _____
TUCSON, AZ 85711 _____
Business Phone: (520)745-1553 _____

Renewal 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# 09100230 Renew? _____Yes_____No
Status: Active Status Date: 4/30/1990
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #131 _____
2480 N SWAN RD _____
TUCSON, AZ 85712 _____
Business Phone: (520)325-4802 _____

Renewal 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# 09100271 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 SIGNATURE STORE #90 _____
8080 S HOUGHTON RD _____
TUCSON, AZ 85747 _____
Business Phone: (520)858-9096 _____

Renewal 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# 09103000 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 #58  _____
2001 E IRVINGTON RD  _____
TUCSON, AZ 85714  _____
Business Phone:  (520)294-7191  _____

Renewal 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#  09103001  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 SIGNATURE STORE #90  _____
8080 S HOUGHTON RD  _____
TUCSON, AZ 85747  _____
Business Phone:  (520)858-9096  _____

Renewal 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#  09103002  Renew? _____Yes_____No
Status:  Active  Status Date:  7/26/2006
License Inactive? _____Yes_____No  Changes:(may require additional Filing)
Agent:  ROBERT JOSEPH NELSON  _____
Location: FRY'S FOOD & DRUG #33  _____
7050 E GOLF LINKS RD  _____
TUCSON, AZ 85730  _____
Business Phone:  (520)745-5711  _____

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

**RJ150258**

KEVIN ARNOLD KRAMBER
TUCSON TRAP & SKEET CLUB
TUCSON TRAP & SKEET CLUB
536 E WAGON BLUFF DR
TUCSON AZ 85704

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100051         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN ARNOLD KRAMBER          ___________________
Location: TUCSON TRAP & SKEET CLUB      ___________________
          7800 W OLD AJO HWY            ___________________
          TUCSON, AZ 85735              ___________________
Business Phone:     (520)883-6426       __________

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

**RJ150259**

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 OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  09100232         Renew? ______Yes_____No
Status:   Active           Status Date:     7/25/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY HOWARD ROFF           ___________________
Location: WHOLE FOODS MARKET            ___________________
          7133 N ORACLE RD              ___________________
          TUCSON, AZ 85704              ___________________
Business Phone:     (520)297-5394       __________

Renewal 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#  10103675         Renew? ______Yes_____No
Status:   Active           Status Date:     12/13/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY HOWARD ROFF           ___________________
Location: WHOLE FOODS MARKET            ___________________
          5555 E RIVER RD               ___________________
          TUCSON, AZ 85750              ___________________
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_____ 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

**RJ150260**

MICHAEL CRAIG MENNENGA
M & G SPEEDWAY LLC
ARCO AM/PM
2128 E FLORENCE BLVD
CASA GRANDE AZ 85122

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103665         Renew? ______Yes_____No
Status:   Active           Status Date:     4/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL CRAIG MENNENGA        ___________________
Location: ARCO AM/PM                    ___________________
          802 W SPEEDWAY                ___________________
          TUCSON, AZ 85745              ___________________
Business Phone:     (520)620-0207       __________

Renewal 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

**RJ150261**

THA TUY
SUNRISE MARKET LIQUOR INC
SUNRISE BEER & WINE MARKET
6130 S NOGALES HWY
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103723         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THA  TUY                      ___________________
Location: SUNRISE BEER & WINE MARKET    ___________________
          6130 S NOGALES HWY            ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)294-0722       __________

Renewal 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

**RJ150262**

JOSE LUIS CORNEJO GRACIA
TUCSON QUALITY MEATS LLC
MERCADO Y CARNECERIA MEXICANA
4550 S 6TH AVE
TUCSON AZ 85714

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

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**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103585         Renew? ______Yes_____No
Status:   Active           Status Date:     6/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE LUIS CORNEJO GRACIA      ___________________
Location: MERCADO Y CARNECERIA MEXICANA ___________________
          4550 S 6TH AVE                ___________________
          TUCSON, AZ 85714              ___________________
Business Phone:     (520)573-7244       __________

Renewal 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

**RJ150263**

RANDY D NATIONS
99 CENTS ONLY STORES LLC
99 CENTS ONLY STORE #206
P O BOX 2502
CHANDLER AZ 85244

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

---

License# 10103686 Renew? _____Yes_____No
Status: Active Status Date: 3/18/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: 99 CENTS ONLY STORE #206 _____
7125 E GOLF LINKS RD _____
TUCSON, AZ 85730 _____
Business Phone: (520)296-8999 _____

Renewal 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# 10103688 Renew? _____Yes_____No
Status: Active Status Date: 3/20/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: 99 CENTS ONLY STORE #312 _____
4144 N ORACLE RD _____
TUCSON, AZ 85705 _____
Business Phone: (520)887-3509 _____

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 |

---

License# 10103689 Renew? _____Yes_____No
Status: Active Status Date: 3/19/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: 99 CENTS ONLY STORE #222 _____
4160 W INA RD _____
TUCSON, AZ 85741 _____
Business Phone: (520)579-1699 _____

Renewal 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

**RJ150264**

MOTIE JABER
ROADRUNNER MARKET
16121 S HOUGHTON RD
VAIL AZ 85641

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103703         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ROADRUNNER MARKET             _________________
          16121 S HOUGHTON RD           _________________
          VAIL, AZ 85641                _________________
Business Phone:     (520)762-5452       __________

Renewal 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

**RJ150265**

SURESH KUMAR THATHI
S & S THATHI LLC
FOOD STORE
62 N OAK DR
BENSON AZ 85602

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103725         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SURESH KUMAR THATHI           ___________________
Location: FOOD STORE                    ___________________
          1345 N STONE AVE              ___________________
          TUCSON, AZ 85705              ___________________
Business Phone:     (520)624-6901       __________

Renewal 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

**RJ150266**

THOMAS ROBERT AGUILERA
TUCSON COUNTRY CLUB INC
TUCSON COUNTRY CLUB
4554 E CAMP LOWELL DR
TUCSON AZ 85712

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100036         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT AGUILERA        ___________________
Location: TUCSON COUNTRY CLUB           ___________________
          2950 N CAMINO PRINCIPAL       ___________________
          TUCSON, AZ 85715              ___________________
Business Phone:     (520)918-0508       __________

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

**RJ150267**

KRIS ALLISON HOBBS
DAV #18
DAV #18
4656 E 1ST ST
TUCSON AZ 85711

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  14100041         Renew? ______Yes_____No
Status:   Active           Status Date:     11/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KRIS ALLISON HOBBS            ___________________
Location: DAV #18                       ___________________
          4656 E 1ST ST                 ___________________
          TUCSON, AZ 85711              ___________________
Business Phone:     (520)325-6101       __________

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

**RJ150268**

LETICIA AGUILON ANTONIO
TINAS COUNTRY MARKET LLC
TINAS COUNTRY MARKET
5975 W WESTERN WY #112
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103454         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LETICIA AGUILON ANTONIO       ___________________
Location: TINAS COUNTRY MARKET          ___________________
          5975 W WESTERN WY #112        ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)883-1333       __________

Renewal 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

**RJ150269**

LEE ADRIAN JESTINGS
RUBICON DEVELOPMENT LLC
FASTLANE MARKET/CHEVRON
1999 E AJO WAY
TUCSON AZ 85713

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-------------------------------------------------------------------------------
License#  10103469         Renew? ______Yes_____No
Status:   Active           Status Date:     11/18/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEE ADRIAN JESTINGS           ___________________
Location: FASTLANE MARKET/CHEVRON       ___________________
          1999 E AJO WAY                ___________________
          TUCSON, AZ 85713              ___________________
Business Phone:     (520)319-6400       __________

Renewal 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

**RJ150270**

HERMES MURRIETA AMAYA
MERCADO Y CARNICERIA LOS PRIMOS LLC
MERCADO Y CARNICERIA LOS PRIMOS
9895 S OLD NOGALES HWY
TUCSON AZ 85706

**LICENSES EXPIRE ON OCTOBER 31, 2015**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

---

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

| New | Title | Last | First | Middle | Mailing Address | City | State | Zip |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

| New | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |
| ☐ | | | | | | | | % |

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

| New | G / L | Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |
| ☐ | ☐ ☐ | | | | | | | | % |

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

Individual:

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

| Last | First | Middle | Mailing Address | City | State | Zip | Ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | % |
| | | | | | | | % |

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

| If you hold this license (check applicable license type): | Use this link to the required annual production report: |
|---|---|
| ☐ Limited Winery (series 2L) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Farm Winery (series 13 or 2W) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Microbrewery (series 3 or 2M) license | http://www.azliquor.gov/AnnualProduction/index.cfm |
| ☐ Craft Distillery (series 18 or 2D) license | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |
| ☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019) | http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf |

**I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.**

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

```
-----------------------------------------------------------------------------
License#  10103500         Renew? ______Yes_____No
Status:   Active           Status Date:     5/8/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HERMES  MURRIETA AMAYA        ___________________
Location: MERCADO Y CARNICERIA LOS PRIMOS___________________
          9895 S OLD NOGALES HWY        ___________________
          TUCSON, AZ 85706              ___________________
Business Phone:     (520)807-0527       __________

Renewal 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**